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Biological
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Serials

The MODERN HOSPITAL

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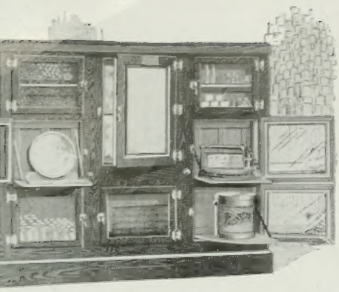

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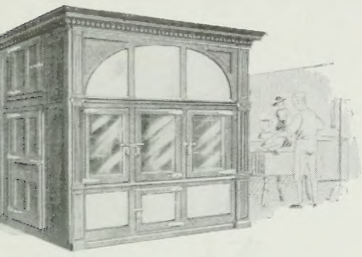

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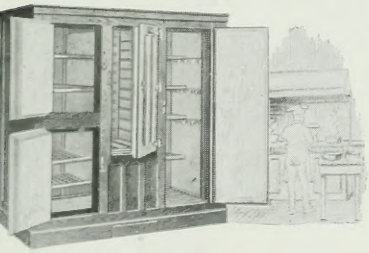

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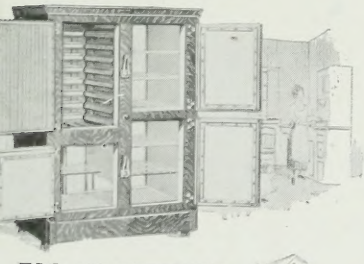

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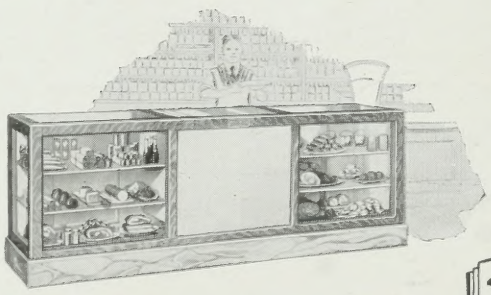

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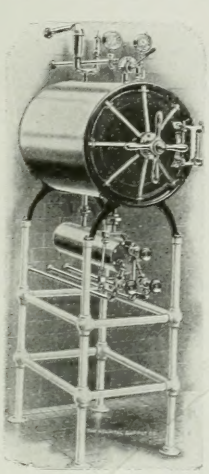

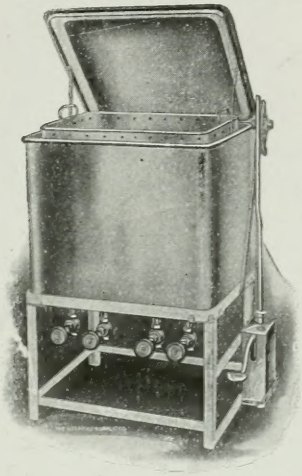

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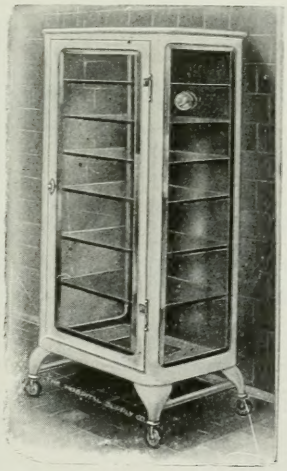

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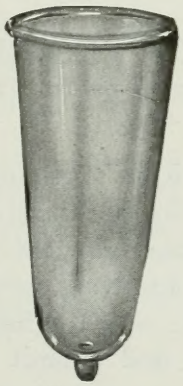

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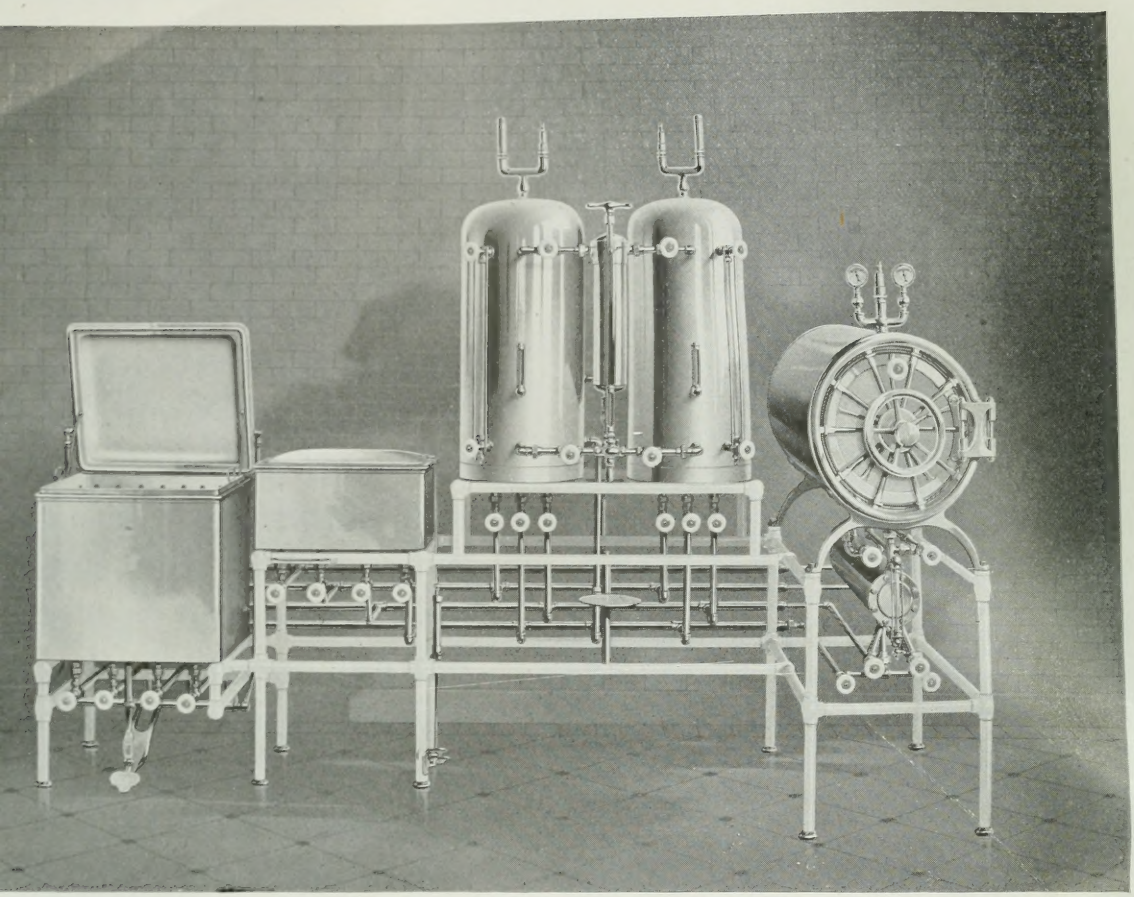

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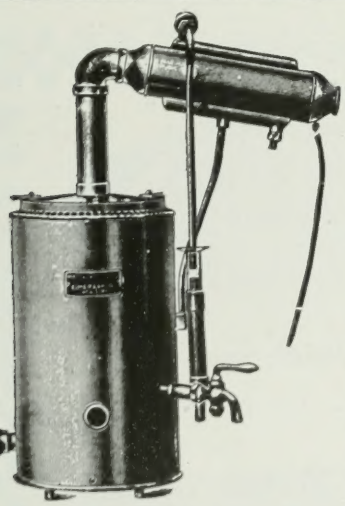

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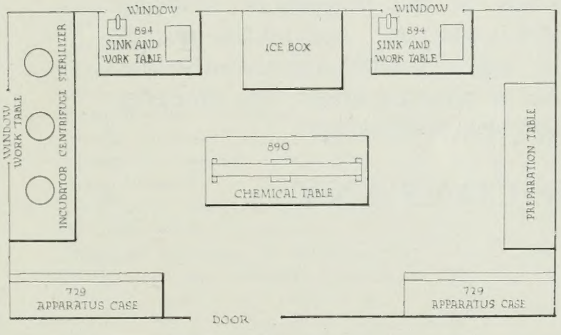

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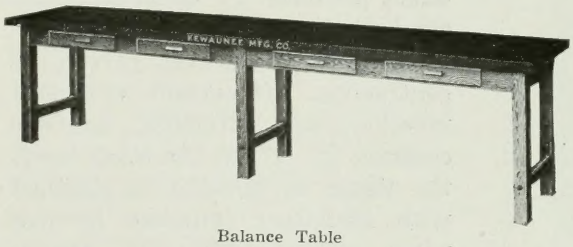

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Adrenalin affects body tissues in a manner strikingly similar to the effect produced by stimulating the sympathetic nerve system. Thus, if the sympathetic nerves govern the contraction of certain unstriped muscle tissue, adrenalin, too, will contract it. If, on the other hand, the tissue in question is supplied with inhibitory impulses by this nerve system, adrenalin relaxes it.

These actions, however, are exerted neither through the medium of the sympathetic nerves nor directly upon the muscle fibres themselves. The receptive organs for these adrenalin impulses are the points of union of the sympathetic nerves and the unstriped muscle fibres—the myoneural junctions.

Probably the most important action of adrenalin is stimulation of the muscular coats of the arterioles. At first there is acceleration of the pulse rate, but the rise in blood-pressure which results from vaso-constriction soon excites the vagus centre and as a consequence the heart-beat is slowed and strengthened. Besides this indirect vagus action, adrenalin stimulates the heart directly, thus producing more complete evacuation of the chambers. In large doses, however, adrenalin predisposes the heart to fibrillary contractions.

The stimulating action of adrenalin is exerted also on the dilator muscle of the iris (dilates the pupil); the muscular fibres of the uterus and vagina; the retractor muscle of the penis; the pyloric and ileocecal valves; the glycogenolytic function of the liver; the salivary glands and the glands of the mouth and the stomach.

Adrenalin relaxes the muscular walls of the esophagus, stomach and intestines. Also on the muscular coat of the bronchioles adrenalin has a relaxing effect, due probably to vagus stimulation.

PARKE, DAVIS & COMPANY

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in order to obtain the most satisfactory results—assured only by the use of the Original product.

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the pure grape spre

SPREAD before your patient a tray like t crisp, brown toast—and Grapelade, spread of real grape goodness. The fr fruit flavor of Grapelade blends wonderfully w the toast, making a delicious combination of food value. Grapelade gives a new delight toast and is an attractive addition to many ot hospital diets.

Grapelade is all grapes—all their richness color—all their strength-giving value. O pure sugar is added. Seeds and skins are moved and acid crystals taken out by the p ented Welch process.

Physicians and Dietitians have the same co fidence in Grapelade as they have in Welc Grape Juice. Both are Welch Quality Produ

The Welch Grape Juice Company, Westfield

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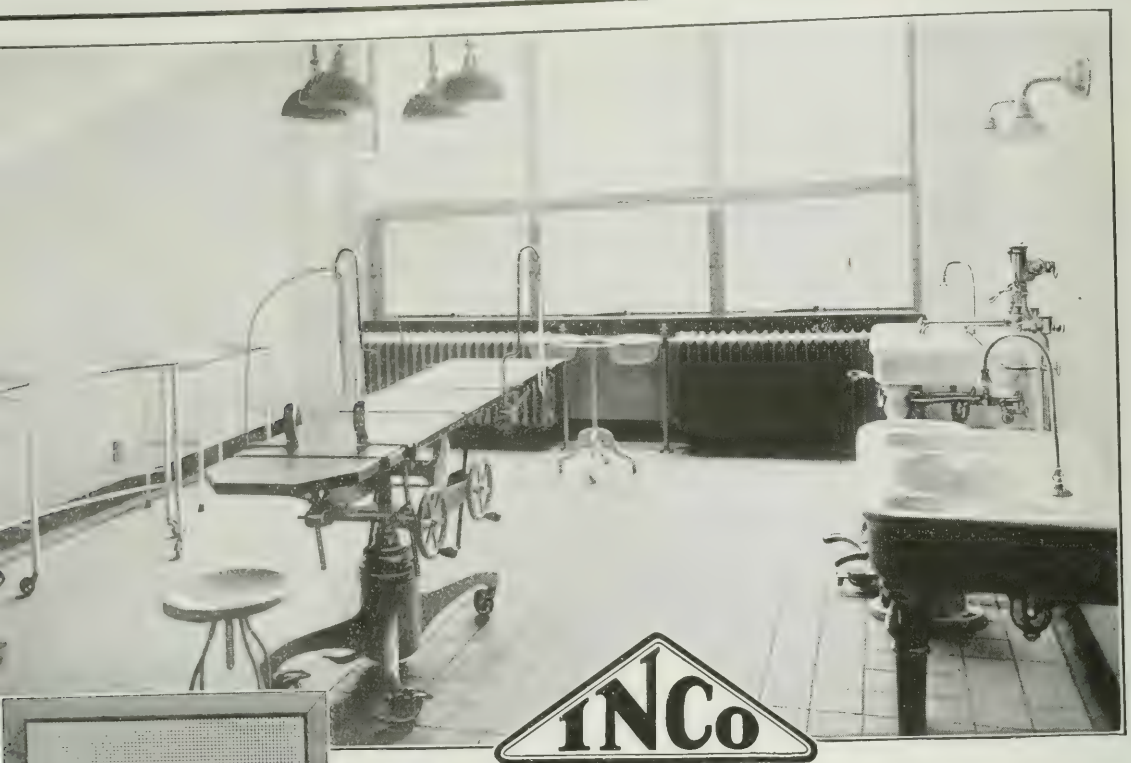

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MOnel metal

FOR operating table tops or window screen; for instrument parts or kitchen equipment; for refrigerator trim or table cutlery—in short, everywhere about a hospital that rust, chemical solutions, corrosive gases, alkalies, or high heats are encountered.

The superiority of MONEL Metal which has led to its wide specification for hospital equipment lies in the fact that it is unaffected by most of the solutions used in surgery; that it never rusts or corrodes, keeps its strength at high heats, withstands alkalies and most acids, retains a highly polished and silver-like appearance and is easily kept clean.

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THE INTERNATIONAL NICKEL COMPANY

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The International Nickel Company of Canada, Ltd., Toronto, Ontario.

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The name MONEL is given to a line of metal products produced by The International Nickel Company from a natural nickel alloy—67% nickel, 28% copper and 5% other metals. These products include MONEL blocks, MONEL rods, MONEL castings, MONEL wire, MONEL [illegible] MONEL [illegible] etc. The name MONEL identifies the natural nickel alloy as produced by The International Nickel Company.

MONEL [illegible] made in the usual widths, meshes and gauges. Write us for names of [illegible] MONEL metal screen may be obtained.

INCo ONEL METAL MARK

INCo NICKEL TRADE MARK

IE INTERNATIONAL NICKEL COMPANY

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Our Trade Mark "Stanley Quality" on Hospital Supplies means the essence of perfection. It is the emblem of our confidence in the goods we manufacture

Cheapness COSTS More Than Quality

The hospital that buys the highest quality supplies and equipment effects a saving in service many times more valuable than the difference in the initial cost. Every article sold by us carries our guarantee.

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Flasks
Funnels
Medicine Glasses
Urinals
Syringes
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Infusion Jars
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Small Glassware

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HOSPITAL FURNITURE
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"D&G" CATGUT
SURGEONS' NEEDLES
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If our salesman has not yet called on you with our line of Hospital Supplies and you are interested, write us.

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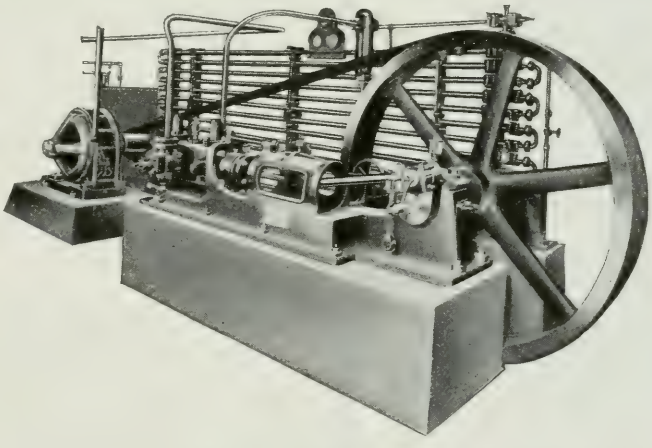
World's Largest Exclusive Manufacturers of the Carbonic Safety System

SPECIALISTS IN HOSPITAL REFRIGERATION

CHEAPEST TO OPERATE



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Our installations meet every hospital requirement. Consult our hospital engineering bureau before placing your order. Catalogue on request.

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THAT salesman, in whatsoever line of business, who claims his product "just as good as——", consciously or not pays the highest possible compliment to the article he offers.

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You will be satisfied with nothing less than the best—and the best, by any test, is the

AMERICAN
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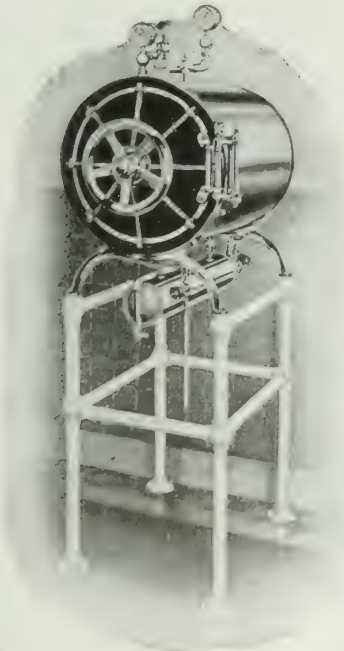

"AMERICAN" Steam Heated Dressing Sterilizer

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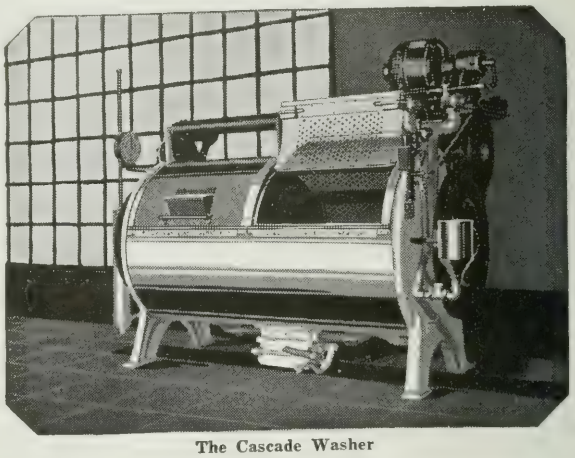

The Cascade Washer

Wear—Washing—and Clothes

The real wear in laundering comes in the washing process.

The constant tangling and the tumbling around weakens the fabric so that it cannot give the wear of which it is fully capable.

The Cascade Washer eliminates these shortcomings. The positive action forward and backward prevents tangling, and because the Cascade washes more quickly, the fabric is saved.

But the advantages of the Cascade by no means end here. A careful study of the installations already made shows that one Cascade will take the place of from three to four ordinary Washers. There is also a great saving in water, soap, supplies, power, labor and floor space.

Tell us how many pounds of work you have and the Washers and Extractors you have, and the time and labor required, and we will tell you what you can save with the Cascade System of Washing.

Page 263

The American Laundry Machinery Company

NEW YORK CINCINNATI CHICAGO SAN FRANCISCO

Five Times the Work— In One-fifth the Time

The Utility Floor Machine, scrubs, polishes, waxes and refinishes floors, in just one-fifth the time it would take five persons to do the same work.

Where there is a large cleaning force, the Utility saves money by decreasing that force. Where the force is small it increases their capacity. Anybody can operate the Utility. It does not disturb the patients; self-propelling and mechanically perfect. It is guaranteed against all defects in workmanship and material.

Resolve now—to cut floor cleaning costs; to get the floors actually clean; to save time in the work; and to spare your workers the drudgery of hard-scrubbing.

We will gladly send catalog and arrange for free demonstration. Write today.

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Also Manufacturers of the Kent Stationary Suction Kleaner and the Vacuna Portable Suction Cleaner

The KENT VACUUM CLEANER CO., Inc.

523-543 Dominick St. **Rome, New York, U. S. A.**

1828 MOTT 1920

A STRADDLE STAND

Manufactured by Mott for the treatment and prevention of Genito-Urinary Diseases.

Lott made fixture was invaluable to the U. S. ment during the war.

now attracting wide-spread attention in both and private practice.

The U. S. Public Health Service is using it to great advantage in the treatment of venereal diseases in clinics and hospitals throughout the country.

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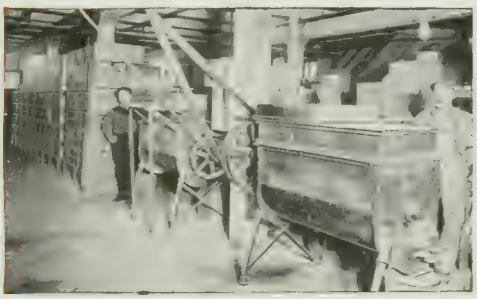
ARISTON GELATINE DESSERTS

Have won their way to unquestioned recognition as the best which can be made.

The value of Gelatine as a food is well known—its dietetic importance as a protein sparer, in combination with its acceptability as a dessert.



Mixing Gelatine Desserts

In preparation of Ariston Gelatine Desserts we use nothing but gelatine, cane sugar, fruit juices and citric acid—each of the highest grade and purity.

WE OFFER YOU TEN FLAVORS:

Vanilla—Strawberry—Raspberry—Orange—Lemon
—Cherry—Loganberry—Pineapple—Grape—Coffee
Also plain, without flavor or color

Put up in 5-pound cartons—one or assorted flavors.

CALUMET TEA & COFFEE COMPANY

409-411 W. HURON ST. CHICAGO

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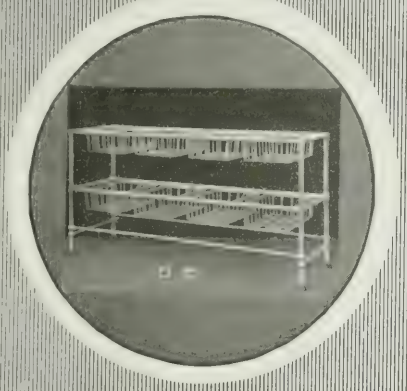
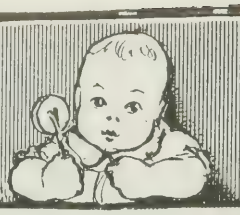
"DEALERS DIRECT WITH YOU"





Hall's Nursery Basket

As in all Hall bed and hospital furniture, durability and convenience are combined in the construction of the Hall Double and Single Tier Nursery Baskets shown in illustration.

If you are in the market for nursery baskets, we strongly urge your consideration of the merits of these Hall selections. The posts are equipped with 5-inch rubber-tired wheels. Frames are made of welded steel tubing. Baskets are 28 inches long, 14 inches wide, and 10½ inches deep, and may be lifted out.

Hospitals, Write for Our Complete Catalog.

FRANK A. HALL & SONS.
Established 1828
25 West 45th Street. NEW YORK

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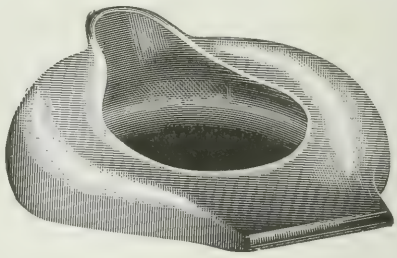
TARY RESILIENT WATERPROOF
E. N. BIEGLER MFG. CO.
N. Rockwell St. CHICAGO



We direct your special attention to this superior

CLEAN EASY TYPE BED PAN

Made of China Clays

This special patented Bed Pan is guaranteed to give long-time service with normal usage, and the ease with which it may be kept hygienic is a factor which should have a special appeal to hospitals. Let us send further particulars.

THE WEST END POTTERY CO.
East Liverpool, Ohio

ALL COTTON ELASTIC

ACE BANDAGE

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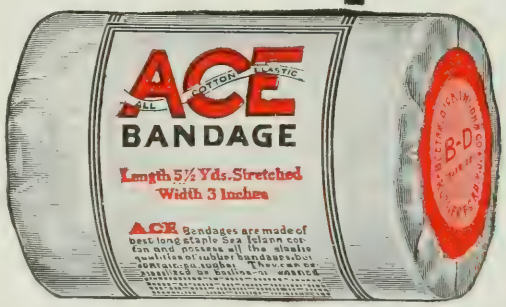
—Why It Represents a Superior Bandage



⅔ Actual Size.

Our ACE Bandage fulfills the recognized need for a bandaging material of ample elasticity—softness of texture—assurance of comfort and coolness when applied, and of sufficient strength and lasting quality.

The ACE Bandage offers more than this.

Being made entirely of the best long-staple Sea Island cotton—(no rubber)—the ACE Bandage offers a material that can be thoroughly sterilized and constantly washed without harming its original texture or impairing its original usefulness.

This means that the ACE Bandage can be used and re-used, almost indefinitely, and great economy is shown.

ACE Bandages stretch without narrowing, roll evenly without need of reversing, fit comfortably and exert a constant, firm pressure which can be varied to meet conditions.

The Soft Feathered Edge Will Not Ravel

Becton, Dickinson & Co.

TRADE B-D MARK REG. U. S. **Rutherford, N. J.** TRADE B-D MARK REG. U. S.

Makers of B-D Fever Thermometers, Genuine LUER Syringes, YALE Quality Needles

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Tax Free

ANY Hospital or Sanatorium permanently established and in good standing whether conducted for profit or not may now use Tax Free Alcohol for medicinal, mechanical or scientific purposes, or for use in the treatment of patients. Training school for nurses or other educational features no longer required.

Important to You!

No more delays in obtaining TAX FREE ALCOHOL

Send us your order—immediate shipment can be made as soon as you comply with

NEW REGULATIONS now in effect which requires you to file new forms with the Internal Revenue Department at once so that you may obtain your next supply of

TAX FREE ALCOHOL promptly. Upon request, we will send you instructions and all the necessary forms, and suggest that you do so at once.

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NEW YORK
Warehouses in All Principal Cities
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NORWICH NORWICH

Benzyl-Benzoate—Norwich

A Non-Narcotic Anti-Spasmodic

Useful in relieving pain due to spasmodic contraction of the smooth muscle. It is reported to have shown happy results in the treatment of acute enteritis, enterospasm, pylorospasm, mucous colitis, biliary and renal colic, asthma, etc.

Supplied in 1-oz. or 3-oz. containers.

May we submit samples and literature?

The Norwich Pharmacal Company

Executive Office and Laboratories

NORWICH, N. Y.

New York Chicago Kansas City

CELLUCOTTON

TRADE MARK COPYRIGHTED

Manufactured by Kimberly Clark Co., Neenah, Wis.

The Perfect Absorbent

the material which reduces cotton bills and absorbs five times as fast as cotton

Exclusive Selling Agents

Lewis Manufacturing Co.

Walpole, Mass.

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Cleveland Kansas City San Francisco

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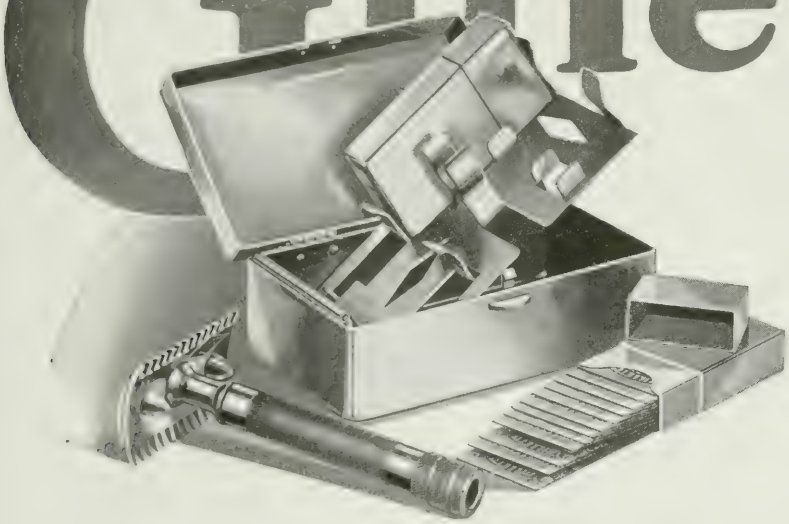
Gillette



The New Hospital Gillette Set—all metal. Nickel Plated Case. Triple Silver Plated Razor. Razor and blade boxes fastened by clips to hinged framework. Complete with 24 Shaving edges (12 double-edged Blades) $5.50. New blades in packets—24 Shaving Edges (12 blades) $1; 12 Shaving Edges (6 blades) 50c.

"No Stropping—No Honing"

Will Solve The Most Troublesome Surgical Shaving Problem

IN scores of leading Hospitals you now find Gillettes used as the standard shaving instrument.

That is because so many Modern Hospital Superintendents know that only a Gillette can prepare the operation area easily, safely and quickly, exactly as the surgeon wants it prepared.

So keen the interchangeable blades—each with two, sharp, lasting edges—so positive its action, that every shaving operation can be made with utmost ease and safety.

Much valuable time is saved over the old style open blade type, not only in the shaving operation itself, but in cleaning and sterilizing also.

The Gillette can fill a big need in every hospital's equipment—as well as in the surgical kits of Nurses and Surgeons.

GILLETTE SAFETY RAZOR COMPANY, Boston, Mass., U. S. A.

New York Chicago San Francisco Montreal London Toronto Milan Paris Amsterdam Rio de Janeiro Sydney Singapore Calcutta Saloniki Tokyo Madrid Brussels Copenhagen Shanghai Buenos Aires

The Gillette Diamond Trademark is the sign of "No Stropping—No Honing". Known the World Over.

TRADE Gillette MARK

The term "No Stropping—No Honing" signifies the application of science to razor-blade making. It brands the blades as the highest type of shaving edge ever developed.

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BROCKTON HOSPITAL, BROCKTON, MASS.
Edward P. Dana, Boston, Mass., *Architect*

Planning a Hospital

FOR three years the trustees of the Brockton Hospital studied the plans of their new building from every angle before taking a step in the actual construction.

Every detail connected with the plans, every bit of equipment that was finally installed, was first investigated thoroughly so as to leave no cause for regret.

Full investigation convinced them that the best equipment for transporting soiled linen was

The Pfaudler Chute

Dr. Loring B. Packard, the superintendent, in an article in *"Modern Hospital"* for January, writes that one of the *"most appreciated details"* was the installation of this chute.

Further, he says, "it has openings at each floor, a flushing ring at the top for washing down the chute, and a sewer connection drained from the bottom. The chute is ventilated."

It is recognized that all hospital boards cannot spend three years in perfecting their plans, but there is no reason why they should not take advantage of the thought these men have put into the Brockton Hospital.

Specify a Pfaudler Laundry Chute and be secure in the knowledge that the best has been provided for the removal of soiled linen.

Write for particulars

The Pfaudler Co.

Rochester, New York

THORNER BROTHERS

This Trade Mark

THORNER BROS. NEW YORK

On Hospital Merchandise Is Your Guarantee for Quality and Service

LOOK FOR US AT THE
Montreal Convention
SPACE 35

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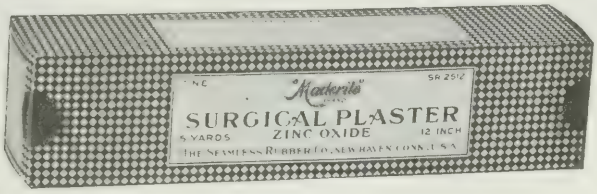
Thorner Brothers

Importers and Manufacturers of Hospital & Surgical Supplies

386-390 Second Ave.,
New York City.

Buy Your Plasters Direct from the Factory



Maderite Zinc-Oxide Adhesive Plaster will meet every requirement of your surgical service.

All our plaster is made under the direct supervision of a plaster expert who has spent his entire business career in making and perfecting adhesive plaster.

Every process of manufacture from the grinding of the rubber to the sealing of the carton is followed with critical vigilance.

Our Sales Policy, "FACTORY DIRECT TO HOSPITALS," makes it possible for us to supply fresh goods at lowest possible prices.

Catalog and price-list furnished upon request.

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THE SEAMLESS RUBBER COMPANY, INC.

New Haven, -:- -:- Conn., U. S. A.

Makers of quality rubber goods since 1877

SEAMLESS RUBBER COMPANY PRODUCTS

Adhesive Plasters
Atomizers
Bathing Caps
Breast Pumps
Bulb Syringes
Catheters
Colon Tubes
Crutch Tips
Drainage Tubing
Ear and Ulcer Syringes
Face Bags
Finger Cots
Fountain Syringes
Hot Water Bottles
Ice Caps and Bags
Infant Bulb Syringes
Invalid Rings
Medicine Droppers
Nipples
Nipple Shields
Operating Cushions
Rubber Bandages
Rubber Bands
Rubber Sheeting
Rubber Stopples
Rubber Tubing
Rectal Tubes
Stomach Tubes
Surgeons' Gloves
Tourniquets

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BUSY HOSPITALS

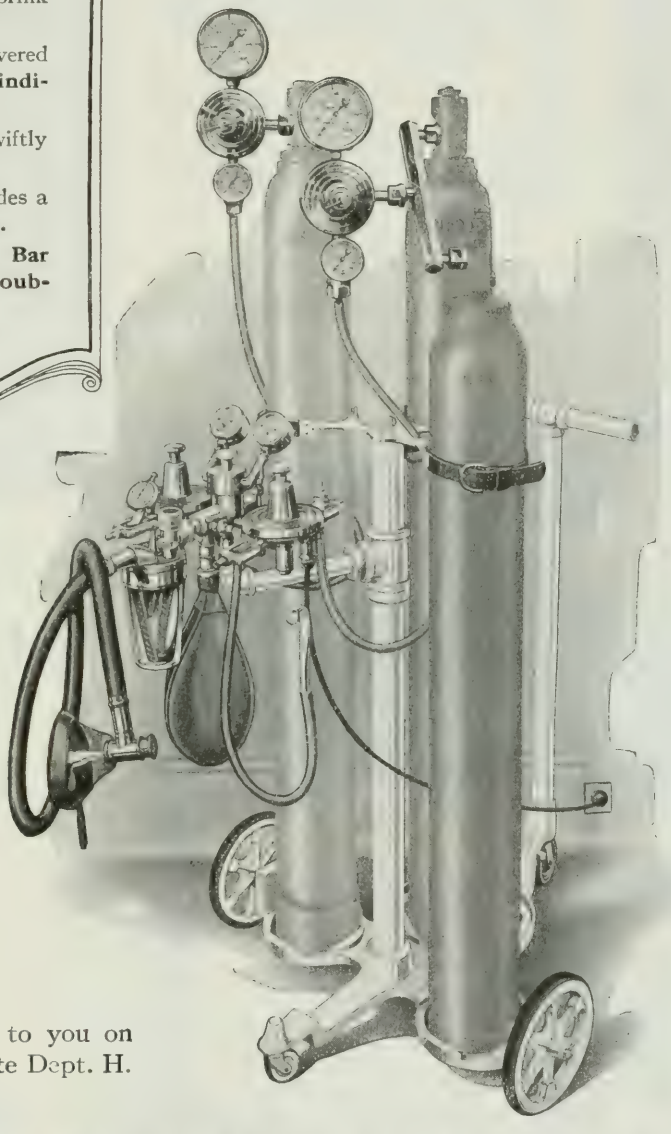
find their press of anesthetic work best handled by the Heidbrink unit, **because:**

Dosage prescribed is delivered with minute exactness—and **indicated** on readable dials.

Mixtures and volume are swiftly manipulated.

An emergency valve provides a flow of pure oxygen **instantly.**

Heidbrink Twin Tanks Bar connects two N_2O tanks, doubling the available supply.



Note complete mobility provided by mounting.

A finished piece of equipment in white enamel and nickel. A model of durability and compactness.

Complete details submitted to you on request to your dealer, or write Dept. H.

THE HEIDBRINK COMPANY

MINNEAPOLIS, MINN.

Dept. H

TRADE MARK — CONTROL — SAFETY — ECONOMY — EFFICIENCY — AHA

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This Year's Opportunity For Hospital Blankets

The Famous Borderless Hospital Blankets, made by us and sold direct to the hospitals at manufacturers' lowest wholesale prices. This blanket is made of part wool and part cotton, which gives it strength and durability. Will launder well, just the right size and weight, either in Gray or White.

We are also offering a limited quantity of Plaid Hospital Blankets, size 60x80 double, weigh 4 lbs., per pair which is the blanket talk of the season, also Khaki Color Single Army Blankets, size, 60x80" @ $4.50.

Write for samples or full size blankets for inspection

JOHN W. FILLMAN CO., Inc.
1020-22-24 Filbert St.
Philadelphia, Pa.

National High Pressure Sterilizers

Permanence Efficiency

National Sterilizers assure accurate sterilization years of service do not impair their usefulness.

National Aluminum Autoclave —Quantity production makes possible its low price, 20 lbs. steam pressure in a few moments — compact, reliable, speedy, durable. Retort cast virgin aluminum, polished—nickel fittings. Use over any heating element—$15.00.

National Steel Sterilizer Equal to expensive Autoclaves for hospitals, laboratories, clinics, first aid stations, etc. Gas, gasoline burner or steam coil. Doctor's $70. Medium $100. Hospital $165. Sold by all dealers. If you can't get your size, write us.

Northwestern Steel & Iron Works
900 Spring St.,
Eau Claire, Wis.

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LEONARD VALVES

Continuous Bath equipped with a B-10 "Leonard" Mixing Valve for controlling water temperatures.

LEONARD-ROOKE CO.
PROVIDENCE, R. I.
New York Office 50 Union Sq.

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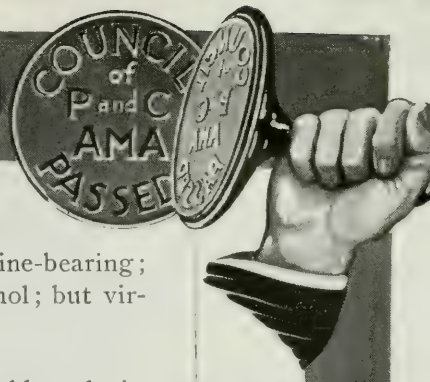

Chlorazene (Abbott). The Dakin Antiseptics. A chlorine-bearing; soluble in water; many times more powerful than phenol; but virtually neither irritating nor toxic.

Dichloramine-T (Abbott). Chemically similar but soluble only in oils, preferably Chlorcosane; useful when intense and prolonged germicidal action is required.

Barbital (Abbott). Hypnotic. Diethylbarbituric acid; introduced as veronal; best for inducing sleep and sedation; considered safest and least depressant.

Cinchophen (Abbott). Uric Acid Eliminant. Phenylcinchoninic acid; true to label; Uric acid output increased at times as much as 300%; used in gout, rheumatism, neuritis, and retention headaches.

Procaine (Abbott). Local Anesthetic. Only about one-seventh as toxic as cocaine; neither irritating nor habit-forming; no narcotic blank required for its purchase.

Digipoten (Abbott). Heart Tonic. Powder or tablets containing the desirable medicinal glucosides of prime leaf; standardized by the one hour frog method; soluble in dilute alcohol.

Bilein (Abbott). Cholagogue. For correction of biliary stasis and deficiency; useful in intestinal indigestion, liver torpor and early gallstone disease.

Benzyl Benzoate (Abbott). Antispasmodic. By Macht and others said to be effective in pains and distress due to spasm of smooth muscle, as in dysmenorrhea, colics, dysentery, tenesmus, asthma.

Parresine (Abbott). Dressing for Burns. Wax compound to be melted and applied with brush or atomizer; forms a thin non-adherent shell; relieves pain, expedites healing.

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Obtainable through druggists on prescription or direct from us. Leaflets special to each item sent on request.

The Abbott Laboratories

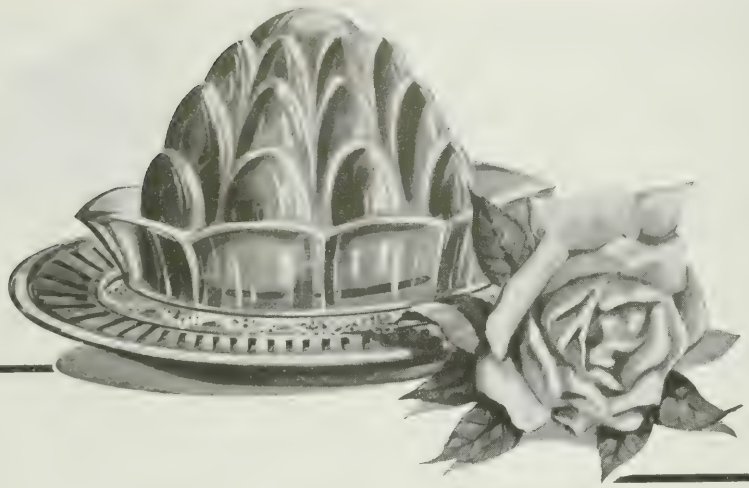
Home Office and Laboratories

Dept. 60, Chicago, Ill.

New York Seattle San Francisco
Los Angeles Toronto Bombay

Tested for Quality

Established 1872



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The Use of

CHALMERS' GELATINE

Means Concentrated Economy in Your Diet

For Quality of Food-Value—Gelatine saves albumin from being burned and wasted, and uses it for the higher purpose of building tissue.

For Quantity of Food—Gelatine makes good things go as far.

And the Gelatine dish may be made to balance up almost any lacking element in the meal—Jellied Soup, Jellied Salmon, Meat Loaf, Egg and Vegetable Jelly, Jellied Fruit Salad, Jellied Chicken Salad, Bavarian Creams containing whipped cream and Sponges containing eggs.

For the Sick—Jellies are readily assimilated, nutritive, easily swallowed, and alluring to the sight, smell and taste.

Special Economy Package for Hospitals

Save 33 1-3%

Buy Direct from Factory

Order Today—Sample Free on Request

Chalmers' Gelatine Sales Corp., Richmond, Va.
Gentlemen: Please find enclosed $7.50, send by insured parcel post prepaid, 5-lbs. Chalmers' Gelatine at $1.50 per lb. delivered; or send 1-oz. sample.

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SAVE COAL
KEEP the HEAT IN and the COLD OUT

NOW is the time to keep the cost of the coming winter's coal bills down and be assured of ample supply and perfect heat.

One to two tons out of every five you burned last winter, can be saved this year, without foregoing heat by installing Higgin All Metal Weather Strips now—before the winter months set in.

HIGGIN

All Metal Weather Strips

are the simplest, most weather tight and trouble free. They are **the** only metal weather strips for the Modern Hospital. In addition to their savings in coal, they absolutely bar all damp draughts, dust and soot that find ready ingress through those 1/8 in. to 1/16 in. escapes around windows. They deaden outside noises; prevent rattling and sticking of windows. In summer they also keep the heat out when desired.

We equip windows, doors, casements or transoms—wood or metal—in new or old buildings.

WRITE for illustrated descriptive literature, sent free on request.

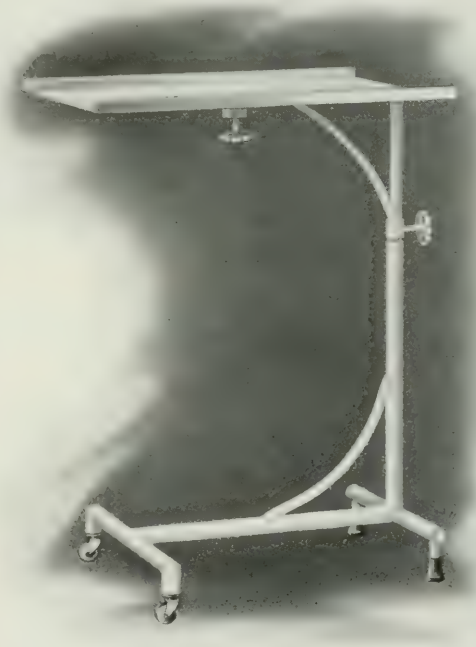
The Higgin Manufacturing Company
Newport, Ky.

Dougherty's

The

"Faultless" Line

Beds
Bedding Rubber Goods
Aseptic
Steel Hospital Furniture
Enamelware
Glassware
Sterilizers
Complete
Hospital Equipment



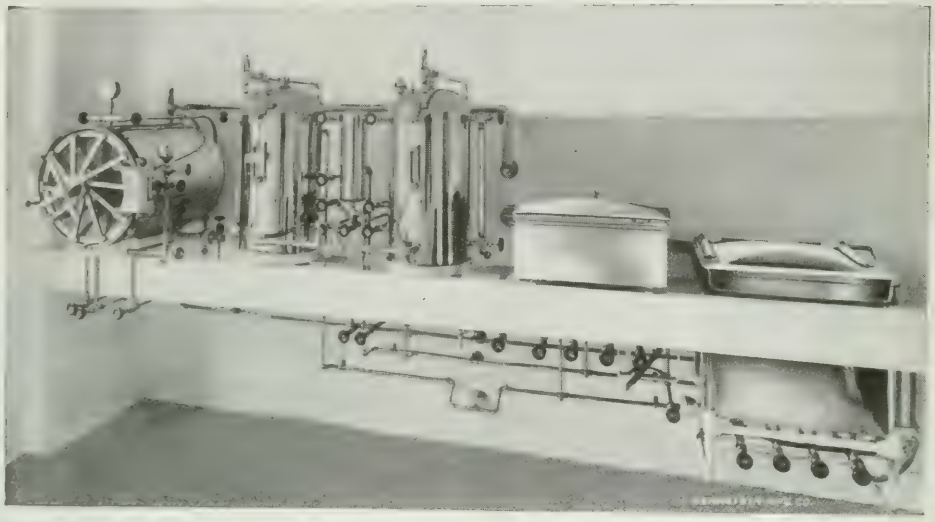
No. 6277.

No. 6276. Adjustable Bedside Table. Specially constructed to eliminate all motion. It is heavily braced and base is sufficiently wide to insure rigidity. Steel tubular construction, mounted on 2 wood feet (or casters if desired), and 2 rubber floor tips, oak top with edges raised on two long sides. Finished in white enamel

H. D. Dougherty & Co.
INC.

Philadelphia

Bernstein MANUFACTURING COMPANY HOSPITAL EQUIPMENT



Bernstein Sterilizers figure prominently in successful hospitals because they meet the only recognized test—the test of service.

They possess this ability to give constant and satisfactory service because they are right in principle, design and manufacture. Bernstein Sterilizers are made by a firm with 32 years' experience in manufacturing to meet the exacting demands of hospital practice.

You can get a Bernstein Pressure Sterilizer for every use—for water, instruments, dressings, apparel, towels, utensils, bed-pans, etc.

These sterilizers are from the Bernstein four-corner line—Sterilizers, Beds, Bedding and Aseptic Steel Hospital Furniture.

Bernstein Manufacturing Co.
Philadelphia, Pa. **U. S. A.**

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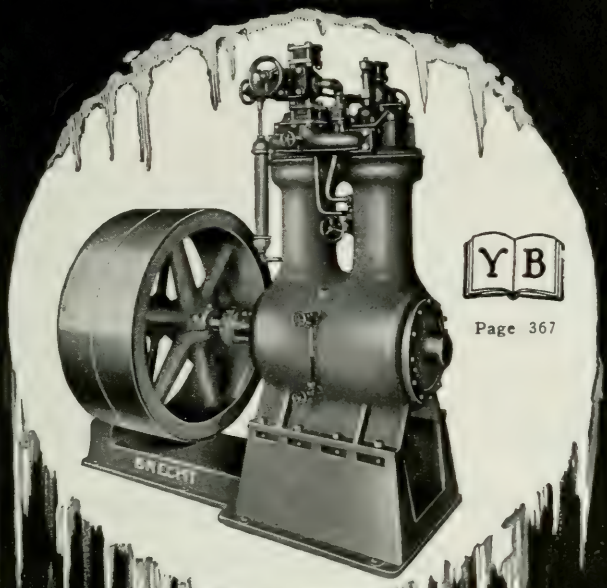
COMPANY
ESTABLISHED 1853 ST. LOUIS



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Better Refrigeration At Less Cost

With a Brecht Refrigerating Machine installed, you can have cold air where you want it and at less cost. Let us explain the many reasons why you should insist on a Brecht when purchasing equipment.

Investigate Brecht Service

We also manufacture and supply a complete line of Portable Cooling Rooms, Refrigerators, and Refrigerator Counters. You can consult our expert engineers without the slightest obligation.

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Main Office and Factories
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PARIS FRANCE BUENOS AIRES, A.R.

HUNT PURITY TEA BALLS

100% PERFECT IN FLAVOR PURITY and EFFICIENCY

Only the highest grade New Season's Early Picked Teas are packed. Orange Pekoe, Ceylon, English Breakfast, Formosa Oolong, Green, Mixed.

The sizes of Hunt Purity Tea Balls are as follows:
Special large size for large pot making about 5 cups.
Number 1, large Cafeteria, about 3 or 4 cups.
Number 2, medium Cafeteria, about 2 or 3 cups.
Number 3, small Cafeteria, about 1 and 1½ cups.

HUNT PURITY TEA BALL CO., Inc.,
TEA IMPORTERS
Edwin W. Hunt, Pres. and Treas.
154 Nassau St., Suite 908 New York City

THE E-Z PATCH

Lengthens the Life of Gloves and Water Bottles

This small, self-cementing, self-vulcanizing PATCH is indispensable to the surgeon and nurse. Gloves, hot water bottles, ice caps, etc., are quickly made serviceable by applying an E-Z PATCH.

The E-Z PATCH sticks without the use of glue or cement. Boiling vulcanizes it so that it becomes an integral part of the article patched.

THESE ARE THE PRICES:

For Gloves—Trial package of 6.....$0.25
Hospital size package of 50..... 1.00

For Water Bottles—Trial package of 4.....$0.25
Hospital size package of 20..... 1.00

The E-Z Patch Co., Akron, Ohio

Where Food Is Prepared and Served

cleanliness must prevail. Hospital authorities demand perfectly sanitary conditions in the operating rooms, and Tiles render this service.

The same authorities also insist upon extreme cleanliness in the kitchen and dining room, and here also Tiles meet every requirement.

TILES

For the Hospital Kitchen and Dining Room

insure that element of protection so decidedly needed.

Tiles are permanent. They are naturally clean, and easily kept clean. There is also the feature of beauty and attractiveness. They have a color range that makes them adaptable to any desired decorative treatment.

Tiles cannot decay, being completely non-absorbent. They have a place in every part of the modern hospital.

Y B
Page 280

The Associated Tile Manufacturers

BEAVER FALLS, PA.

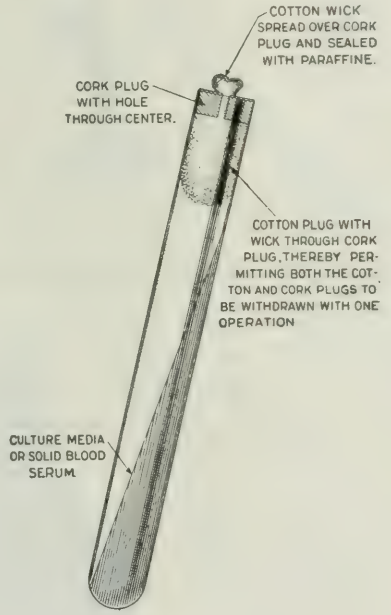
Catalog information.

LOEFFLER'S BLOOD SERUM

for the diagnosis of

DIPHTHERIA

THE GILLILAND METHOD of furnishing Culture Media in a glass tube, sealed with our improved cotton and cork plug, has practically overcome the difficulty so long experienced of keeping the Media moist. The tendency has been for it to quickly dry out.


COTTON WICK SPREAD OVER CORK PLUG AND SEALED WITH PARAFFINE.
CORK PLUG WITH HOLE THROUGH CENTER.
COTTON PLUG WITH WICK THROUGH CORK PLUG, THEREBY PERMITTING BOTH THE COTTON AND CORK PLUGS TO BE WITHDRAWN WITH ONE OPERATION
CULTURE MEDIA OR SOLID BLOOD SERUM

The simplicity of the plug renders it possible for the same to be removed from the tube with only one operation, and thereby makes it no more difficult to plant cultures than with the regular cotton plug.

We also furnish the following:

AGAR AGAR

DEXTROSE BOUILLON

GLYCERIN AGAR AGAR

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POTATO CULTURE MEDIA

Write for special lot prices on Culture Media, and our new Booklet descriptive of our complete list of *Quality Biological Products.*

THE GILLILAND LABORATORIES, INC.

Producers of Biological Products Exclusively

AMBLER, PENNA.

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Keep Hospital Linens Identified

by means of neat, clean-cut, INDELIBLE Identification marks made by the

Improved No. 8 National Marking Machine

and you take the first step to eliminate lost goods, and hold theft to the minimum.

This marking machine stamps indelibly on linens the private ward, lavatory, diet kitchen, operating room and other departmental data—as well as date linen was put in use. National Indelible Inks are best for this purpose.

The Rose, Label, Tape and Patch Sewing Machine

is used for attaching marked labels on blankets, quilts, bed and table linen, which can't be marked direct.

Write for Booklet, "Better Marking in the Institution."

Address Hospital Division

YB Page 676

The Improved No. 8 National Marking Machine

The National Marking Machine Co.

1062 Gilbert Avenue GENERAL OFFICES: Cincinnati, O.

New York Office: 40-44 W. Fourth St. New York City

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Boston Office: 100 Boylston St., Room 722, Colonial Bldg.

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FOR UNDERGROUND STEAM OR HOT WATER PIPES

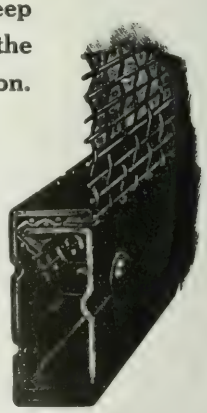
THE ORIGINAL

RIC-WIL METHOD

embodies more original ideas, more advanced engineering, and more good practical features than any other system on the market. The material, construction, installation methods and practical results which, combined, form what we call the RIC-WIL Method, appeal with equal force to the engineer, to the practical operating man and to the business executive. Let us send you a copy of our descriptive Bulletins 1-3. Write to-day.

The RIC-WIL COMPANY CLEVELAND

Screens that will really keep flies and insects out of the institution are a great boon.

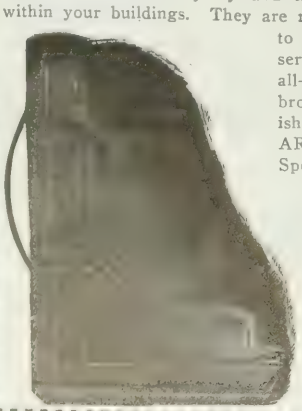


For it is a known fact that one little fly or insect can carry as many as 600,000 germs without being overladen. Institutions cannot fully serve the public unless they are protected from these deadly pests. Good screens are the protection.

CIN-MAN-CO

Rewirable Fly Screens

will prevent the filthy fly and insect from spreading germs within your buildings. They are made from the best materials to give a long and satisfactory service. Frames of wood or all-metal, and wire cloth filler of bronze or black galvanized finish. CINMANCO SCREENS ARE YOUR PROTECTION. Specify and order them.



Write for prices and circular

CINCINNATI FLY SCREEN CO.

SUMMER and SOUTH STS.

CINCINNATI : OHIO

Users of Archer Sheetings Never Change Brands

Tapping a Rubber Tree

THEY are satisfied. They know that the Archer brands represent a very high mark in the manufacture of rubber sheetings.

Archer Rubber sheetings are made with extra quantity and extra quality materials—pure South American gum rubber and strong cotton fabric. The special Archer process of manufacture vulcanizes them into one solid fabric.

Archer Rubber sheetings will save you money, bedding and trouble. They wear much longer than other sheetings of equal price. They resist acids, blood, urine, sterilization, etc.—in short, they have all the desirable features of good rubber sheeting, in addition to their extreme durability.

Sold In All Large Cities.

Ask Your Dealer for them

Write for sample and Name of Dealer Near You.

Years of Service in each piece

Archer Rubber Sheetings

Royal Archer – Vulcan – Trojan

Archer Rubber Co., Milford Mass.

Help Wanted

A hospital, even more than any other establishment, needs more help—and at the present time it is almost unobtainable. You can relieve this shortage, which will last for years, to a remarkable extent by installing an up-to-date Signaling System. Not only will this System lessen the work of the whole of your staff, but it will also enable better service to be given to the inmates. Existing hospitals may be equipped just as efficiently and economically as new buildings.

Holtzer-Cabot

HOSPITAL SIGNAL SYSTEMS

There is a handsomely illustrated brochure which is yours for the asking, describing and illustrating these time and labor saving systems.

Send for your personal copy today—it will entail not the slightest obligation on your part.

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The Holtzer-Cabot Electric Co.

Boston Chicago New York Baltimore

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THE PIONEER INSTITUTION SUPPLY HOUSE
ESTABLISHED 1891
RHOADS AND COMPANY
PHILADELPHIA, PA.

The Blanket Season is Approaching

Get our quotations on the well-known

BORDERLESS BLANKETS

White and Gray

and

PLAID BLANKETS

Samples and prices on request

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RHOADS & COMPANY

Hospital Textiles

1023 Filbert St. Philadelphia

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Edelweiss Canned Goods for Fall

IT is now time to cover your requirements in canned goods for fall and winter. The Edelweiss Line is the Accepted Institutional Standard and affords you the largest stocks of No. 10 canned goods in America. We shall be glad to correspond with you regarding your needs and on request will send you our new catalog completely covering institutional food products and supplies.

JOHN SEXTON & COMPANY

Wholesale Grocers

Established 1883 **CHICAGO**

CASTLE STERILIZERS

Be Sure of Your Sterilization

Sterilizers that are right in principle, simple to operate and of durable construction, and operators thoroughly familiar with the technique of sterilization contribute enormously to successful surgery.

Ask for any of the following Castle publications:

Sterilizing Technique
(A textbook on sterilization)

Office Sterilizers

Sterilizers for Small Hospitals and Industrial Plants

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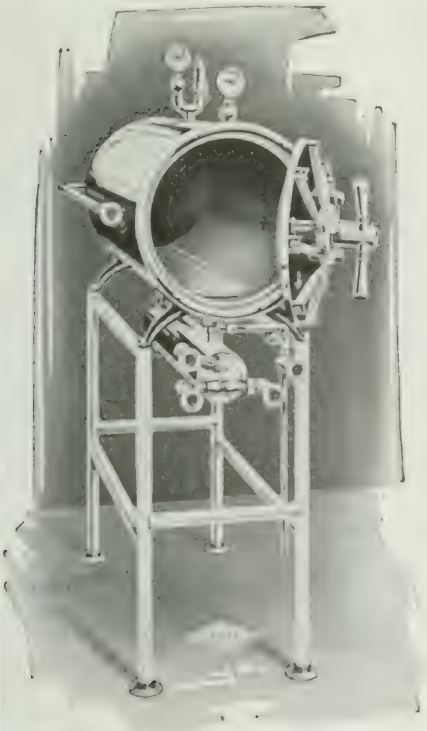
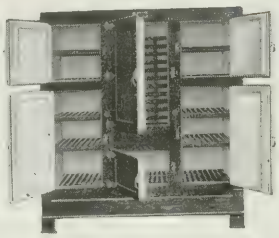
WILMOT CASTLE COMPANY
1151 University Avenue
Rochester, N. Y., U. S. A.



CASTLE

LIG-O-NIER REFRIGERATORS

The Highest Quality Produced



Catalog Free Upon Request

A wide variety of sizes and styles, something for almost every requirement. Beautiful, durable, economical, efficient, sanitary, and satisfying in every respect. Shipped everywhere, subject to examination and approval. Special refrigerators made to order.

Ligonier Refrigerator Co.

1001 Gavin St. **Ligonier, Ind.**

PURE ABSORBENT COTTON

For Hospitals,
Physicians, Surgeons,
and all other purposes

THE MAPLEWOOD MILLS

1293 STAFFORD ROAD
FALL RIVER, MASS.

At Left: U. S. Navy Hospital, Chelsea, Mass. At Right: St. Elizabeth Hospital, Boston, Mass. These institutions believe in getting unexcelled floor-service.

Better Hospital Floors —Service Guaranteed

ABSOLUTELY sanitary and quiet—made in a soft, restful brown— *Gold Seal* Battleship Linoleum on the hospital floor is an important asset to patient comfort.

Resilient, easy to clean and yieldingly comfortable to tired feet, it appeals strongly to doctors, nurses and attendants.

Its oak-like durability and its wonderfully low cost per year of service have earned for it the unanimous approval of hospital executives.

An application of floor wax to its smooth surface gives it the soft glow of a fine hardwood floor.

Here is Floor Service—*Plus*

We back the sturdy worth of *Gold Seal* Battleship Linoleum with an iron-clad Gold Seal Guarantee:—"Satisfaction Guaranteed or Your Money Back." This Gold Seal Guarantee appears on every two yards of this floor-covering and means just one thing—our absolute faith in the product.

GOLD SEAL
Battleship Linoleum

(THE FAMOUS FARR & BAILEY BRAND)

U. S. NAVY STANDARD

Gold Seal Cork Carpets

For those places where *absolute* silence is desired—use Gold Seal Cork Carpets.

Velvety soft and springy to the tread, this floor-covering deadens all sound of footsteps and is as yieldingly cushion-like underfoot as the heaviest carpet.

It is made with polished or dull surface in artistic restful shades of green, brown and terra-cotta —10 shades in all. You will find it remarkably durable and, of course, it is pledged by the Gold Seal Guarantee to deliver 100% in satisfactory service.

Flooring experts are here, at your service, to help solve your hospital floor-covering problems. Specifications for laying are free upon request. Samples of these thorough-bred floor coverings will show you why we can afford to make our sweeping guarantee. Send for samples—today.

Congoleum Company
INCORPORATED

PHILADELPHIA CLEVELAND CHICAGO
SAN FRANCISCO NEW YORK MINNEAPOLIS
BOSTON DALLAS KANSAS CITY MONTREAL

Be Sure to Look for the Gold Seal

"Prevent Under-Oxydation—and Many Metabolic Disorders Will Clear Up Spontaneously"

IN discussing this matter in his new book, "Eating To Live Long," Professor William H. Porter says:

"This is partly due to the fact that lard, butter and other animal fats are used in cooking. These animal fats have a low burning point. Hence, if used at a temperature that would adequately cook the meat, fish or other food, they have a faculty of proclaiming to the entire neighborhood just what the family is going to have for dinner—to say nothing of the fact that the meat being prepared is rendered almost indigestible by its protracted seance in the frying pan.

"If broiling is not practicable, it is possible, through the use of corn oil or some other equally good vegetable oil—capable of being heated to 600° or more before the burning point is reached—to greatly help in taking the teeth out of the frying pan, and at the same time serve to make the food more palatable and digestible."

Mazola is easily converted into fatty acids and glycerine, and hence is readily absorbed. It does not develop acrolein as do fats which burn at low temperature; consequently is not nearly so likely to produce under-oxydation conditions.

Mazola is also, because of the lecithin and phosphorous compounds it contains, of especial advantage as a palatable and easily assimilated salad oil.

Recommend Mazola, Doctor, as a cooking oil to patients suffering from under-oxydation disorders, or to patients who require an easily absorbed fat. You will be surprised and delighted with the improvement manifested.

CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York City

MAZOLA IS SOLD BY ALL GROCERS EVERYWHERE

Effective April 10th 1920 ▾ Descriptive List No. 28 ▾ Changeable Without Notice
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DAVIS & GECK, INC.

PHYSIOLOGICAL CHEMISTS

KALMERID REG. U.S. PAT. OFF.

Sterile Surgical Sutures

217-221 Duffield Street ▾ Brooklyn, N. Y., U.S.A.

Claustro-Thermal Catgut

Boilable

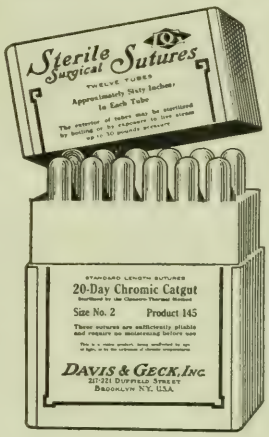
CLAUSTRO-THERMAL, meaning *enclosed heat*, is descriptive of the improved method of heat sterilization. The principle of the method consists in applying the heat after closure of the tubes, thus avoiding all the chances of accidental contamination.

The sealed tubes are submerged in a bath of cumol—the high boiling hydrocarbon. The temperature of the cumol bath is gradually elevated until at the end of six hours the maximum of 165° C. (329° F.) is reached. This temperature is maintained for five hours, and is then allowed to slowly decline. The temperature curve is graphically represented by the chart shown below.

It is obvious, therefore, that sterility is absolutely assured. The sutures, being stored in their original tubing fluid and reaching the surgeon's hands sealed within the tubes in which they were sterilized, are removed from all the chances of contamination incident to the customary method of sterilizing the strands in open tubes.

Sterilization by this integral method is made feasible through the use of toluol as the tubing fluid. The discovery of the value of toluol for this purpose was the outcome of an investigation aimed at finding a suitable fluid to replace chloroform. The latter was formerly in general use, but was unsatisfactory because it was found to break down into chemical products which not only exerted an extremely harmful action on the collagen of the sutures but which were responsible for considerable wound irritation.

No other mode of sterilization so completely fulfills the exacting requirements for the production of ideal sutures as does the Claustro-Thermal method. Through its use the natural physical characteristics of the strands are preserved, while the destruction of all bacterial life is absolutely assured.

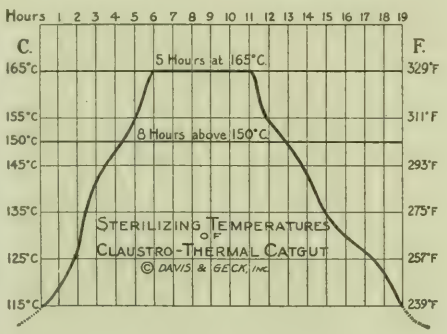


THE NEW PACKAGE
Containing One Dozen Tubes of a Kind and Size

Claustro-Thermal sutures are not impregnated with any germicidal substance, and consequently they exert no bactericidal influence in the tissues.

This product embodies all the essentials of the perfect suture, such as compatibility with tissues, accuracy of size, maximum tensile strength, perfect and dependable absorbability, and absolute sterility.

Reprints of original articles relating to the Claustro-Thermal method will be sent upon request.



List of Claustro-Thermal Catgut

Approximately Sixty Inches in Each Tube

Plain Catgut	Product No. 105
10-Day Chromic Catgut	Product No. 125
20-Day Chromic Catgut	Product No. 145
40-Day Chromic Catgut	Product No. 185

SIZES: 000...00...0...1...2...3...4

Claustro-Thermal sutures are unaffected by age, light, or extremes of climatic temperatures

Price in U. S. A.

Per dozen tubes (subject to a fixed discount on quantities) $3.60

Please specify clearly the PRODUCT NUMBERS and SIZES desired

CONTINUED—

Kalmerid Catgut

An Improved Germicidal Suture
Superseding Iodized Catgut

KALMERID CATGUT is not only sterile, but, being impregnated with potassium-mercuric-iodide—*a double iodine compound*—the sutures exert a local bactericidal action in the tissues.

The older practise of impregnating catgut with the ordinary crystalline iodine for this purpose was at best an unsatisfactory method, since the antiseptic power was but slight and transient. The most serious deficiencies of such iodized sutures, however, were their instability and weakness arising from exposure to light; the deterioration resulting from the continuous and unpreventable oxidizing action of the iodine; and the disintegration of the sutures when heated. Moreover, the decomposition products of iodine caused such sutures to be irritating.

These serious disadvantages of iodized catgut have been overcome through the use of potassium-mercuric-iodide instead of iodine. This double salt of iodine and mercury, the chemical formula of which is $HgI_2.2KI$, is one of the most active germicides known, exerting a killing action on bacteria about ten times greater than that of iodine. It does not break down under the influence of light or heat, it is chemically stable, and, in the proportions used, is neither toxic nor irritating to the tissues. It interferes in no way with the absorption of the sutures, and is not precipitated by the proteins of the body fluids.

Kalmerid catgut, in addition to its bactericidal attribute, embodies all the essentials of the perfect suture. It is perfectly compatible with the tissues, its absorbability is dependable, and its tensile strength is particularly good.

TWO VARIETIES—To meet the requirements of different surgeons two kinds of Kalmerid catgut are prepared—the boilable, and non-boilable.

BOILABLE GRADE—This variety is prepared for surgeons who prefer a boilable suture, such as the Claustro-Thermal product, but possessing bactericidal properties in addition. The boilable grade, therefore, besides being impregnated with potassium-mercuric-iodide, embodies the desirable physical characteristics of the Claustro-Thermal sutures. It has the same moderate degree of flexibility; it is the same in appearance; it is tubed in the same improved storing fluid—toluol; and, after impregnation with potassium-mercuric-iodide, it further receives the Claustro-Thermal sterilization—that is, heat sterilization after closure of the tubes.

NON-BOILABLE GRADE—This variety is extremely pliable as it comes from the tubes. It is made for those surgeons who have been accustomed to the flexibility of iodized catgut.

Reprints of original articles relating to Kalmerid sutures will be sent upon request.

List of Kalmerid Catgut

Approximately Sixty Inches in Each Tube

Boilable Grade		Non-Boilable Grade	
Plain Catgut	Product No. 1205	Plain Catgut	Product No. 1405
10-Day Chromic	Product No. 1225	10-Day Chromic	Product No. 1425
20-Day Chromic	Product No. 1245	20-Day Chromic	Product No. 1445
40-Day Chromic	Product No. 1285	40-Day Chromic	Product No. 1485

SIZES: 000...00...0...1...2...3...4

Please specify clearly the PRODUCT NUMBERS and SIZES desired

Kalmerid sutures are unaffected by age or light, or by the extremes of climatic temperatures

Price in U. S. A.

Per dozen tubes (subject to a fixed discount on quantities) $3.60

In packages of twelve tubes of a kind and size as illustrated on first page

DAVIS & GECK, INC. 217-221 Duffield Street, Brooklyn, N.Y., U.S.A.

Kalmerid Kangaroo Tendons

Two Varieties—Boilable and Non-Boilable

THESE are the sutures *par excellence* for those procedures in which post-operative tension is excessive, or long continued apposition necessary, such as in herniotomy, and in tendon and bone suturing. Kalmerid kangaroo tendons are not only sterile, but, in addition, they are impregnated with potassium-mercuric-iodide, which enables them to exert a local bactericidal action in the tissues. The impregnating and sterilizing methods are the same as practised in the preparation of Kalmerid catgut, and described on the preceding page.

They are genuine kangaroo tendons; they are round, smooth, straight, of uniform contour, and possess a tensile strength about twice that of the best catgut of equivalent size.

Because of their greater strength some surgeons prefer these tendons to catgut, particularly in the finer sizes, for general intestinal, muscle, fascia, and skin suturing.

ABSORPTION TIME—The tendons are chromicized, and so accurately is the chromicizing process regulated that each size, whether it be the finest or the coarsest, will maintain apposition in fascia or in tendon for approximately thirty days. Shortly after that period the sutures, with their knots, will be completely absorbed.

TWO VARIETIES—Kalmerid kangaroo tendons are prepared in two grades—boilable and non-boilable.

The NON-BOILABLE tendons are extremely pliable and consequently require no moistening.

The BOILABLE tendons are quite stiff as they come from the tubes, but may be rendered pliable by moistening in sterile water preliminary to use. The smaller sizes will be sufficiently softened by fifteen minutes immersion, while the larger sizes should be immersed for about thirty minutes. Either sterile water, or an aqueous bactericidal solution made with Kalmerid tablets 1:5000—should be used.

Before immersion, the toluol, which is very volatile, should be allowed to evaporate so that the water may have access to the sutures.

Reprints of original articles relating to Kalmerid sutures will be sent upon request.

List of Kalmerid Kangaroo Tendons

Each Tube Contains One Tendon — Lengths Vary From 12 to 20 Inches

The Non-Boilable Grade is *Product No. 370*
Boilable Grade is *Product No. 380*

Sizes

Tendon Sizes:	Ex. Fine	Fine	Medium	Coarse	Ex. Coarse
Catgut Sizes:	0	2	4	6	8

Please specify clearly the PRODUCT NUMBERS and SIZES desired

Kalmerid kangaroo tendons are unaffected by age or light, or by the extremes of climatic temperatures

Price in U. S. A.

Per dozen tubes (subject to a fixed discount on quantities).....$3.60

In packages of twelve tubes of a kind and size as illustrated on first page

Actual Sizes

Standardized Sizes

The Established Metric System of Catgut Sizes is Now Used For All Sutures

IN conformity with the long recognized need for a unified system of sizes, the standard metric catgut scale has been extended to embrace all sutures, including kangaroo tendons, silk, horsehair, silkworm gut, and celluloid-linen thread.

The advantage of this standardized system is obvious.

Miscellaneous Sutures

Boilable

Sterilized by Heat After Closure of the Tubes

Product No.	Material	Approximate Quantity in Each Tube	Catgut Sizes
350	Celluloid-Linen Thread	60 Inches	000, 00, 0
360	Horsehair	Four 28-inch Sutures	00
390	Plain Silkworm Gut	Four 14-inch Sutures	00, 0, 1
400	Black Silkworm Gut	Four 14-inch Sutures	00, 0, 1
450	White Twisted Silk	60 Inches	000, 00, 0, 1, 2, 3
460	Black Twisted Silk	60 Inches	000, 0, 2
480	White Braided Silk	60 Inches	00, 0, 2, 4
490	Black Braided Silk	60 Inches	00, 1, 4
600	Catgut Circumcision Suture	30 Inches With Needle	00

Price in U. S. A.—Per dozen tubes (subject to a fixed discount on quantities) $3.60

In packages of twelve tubes of a kind and size as illustrated on first page

Minor Sutures

Short Length - Without Needles

Sterilized by Heat After Closure of the Tubes

Product No.	Material	Approximate Quantity in Each Tube	Catgut Sizes
802	Plain Catgut	20 Inches	00, 0, 1, 2, 3
812	10-Day Chromic Catgut	20 Inches	00, 0, 1, 2, 3
822	20-Day Chromic Catgut	20 Inches	00, 0, 1, 2, 3
862	Horsehair	Two 28-inch Sutures	00
872	Plain Silkworm Gut	Two 14-inch Sutures	0
882	White Twisted Silk	20 Inches	000, 0, 2
892	Umbilical Tape	Two 12-inch Ligatures	

Price in U. S. A.—Per dozen tubes (subject to a fixed discount on quantities) $1.80

In packages of twelve tubes of a kind and size as illustrated on first page

Emergency Sutures

With Needles

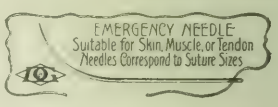
Sterilized by Heat After Closure of the Tubes

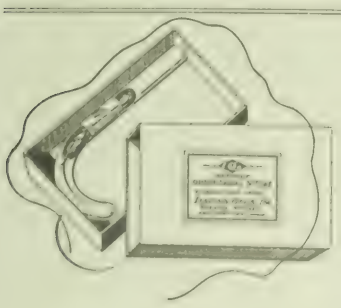
Product No.	Material	Approximate Quantity in Each Tube	Catgut Sizes
904	Plain Catgut	20 Inches	00, 0, 1, 2, 3
914	10-Day Chromic Catgut	20 Inches	00, 0, 1, 2, 3
924	20-Day Chromic Catgut	20 Inches	00, 0, 1, 2, 3
964	Horsehair	Two 28-inch Sutures	00
974	Plain Silkworm Gut	Two 14-inch Sutures	0
984	White Twisted Silk	20 Inches	000, 0, 2

Price in U. S. A.

Per dozen tubes (subject to a fixed discount on quantities) $3.60

In packages of twelve tubes of a kind and size as illustrated on first page





Obstetrical Sutures

Product No. 650

For the Immediate Repair of Perineal Lacerations

Each tube contains *two* 28-inch sutures of 40-day chromic catgut one of which is threaded upon a large full-curved needle

Price in U. S. A.

Per tube (subject to a fixed discount on quantities) ..... $ .35

Each tube in a package as illustrated

The LUNKEN WINDOW for HOSPITALS

and its very definite relation to the Hospital Window problem

Hospital superintendents, architects, building committees and others may receive their copy of the special Hospital Booklet by sending name.

THE PROBLEM as quoted from The "Modern Hospital," August 1919, Page 152.

a Durable frame.

b Simply constructed.

c Weather-tight.

d Some direct ventilation without disagreeable drafts.

e Cleaning from the inside.

f Various degrees of opening, up to 100%.

g Permit ready application of fly screens.

h Should not interfere with awnings, shades or curtains.

j Should not project far into room when open.

THE ANSWER, the result of a common-sense study of a live problem on its merits.

a Finest materials obtainable; for highest class work only.

b Double-hung type; simplest and most durable principle known.

c Self-weatherstripped of highest test.

d Partial shading with ventilation obtainable at top or bottom or center or any combination.

e Both sides cleaned from either side without complex hardware or special operating directions.

f 100% ventilation or any part thereof at top, bottom or center.

g Screens[a] are not only integral but are winter-stored in ten seconds by merely pushing up into pocket.

h Designed to receive any shade, curtain or awning arrangement desired.

j Double-hung operation in a vertical plane. No projection into room at any time, and no sag.

The problem was published in August, 1919, two months before the Lunken Window (after three years of experimental installation) had begun to be publicly advertised and sold. The authority behind the above quotation and the Lunken Window well nigh perfect scoring thereon, would appear to justify the claim of being the 100% Hospital Window.

100% OPENING

DISAPPEARING SCREENS

WASHED FROM INSIDE

Shipped from the factory absolutely complete is a further guarantee of permanent proper functioning, for in no other way can the highest grade materials and labor skill be so comprehensively controlled. Ease of washing; attendant-proofness; screen storage elimination (with 85% of screen damage); quality directed to most rigid requirements; are further factors in this unique Hospital Window solution.

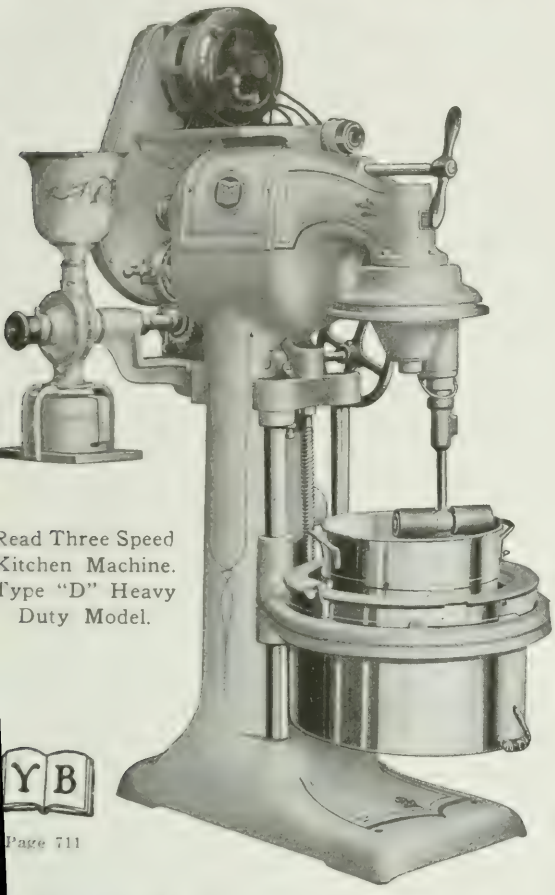
The LUNKEN WINDOW CO.

Main Offices and Factory

4032 Cherry Street, Cincinnati, Ohio

512 Fifth Avenue, New York City.
175 West Jackson Blvd., Chicago, Ill.
and forty other principal cities
17 Pearl Street, Boston, Mass.
735 Real Estate Bldg., Philadelphia, Pa.

The Mechanics of the Kitchen



Read Three Speed Kitchen Machine. Type "D" Heavy Duty Model.

YB Page 711

—a subject worthy of much study by superintendents of hospitals. It means in reality the selection and installation of complete and proper equipment for the kitchen.

One of the certain means of getting uniform production is the use of Read Three Speed Kitchen Machines. Their duties are practically unlimited for all mixing, beating, whipping and creaming purposes.

A practical demonstration in a nearby hospital kitchen will be arranged on request. Over 7,500 Reads have been installed.

READ MACHINERY COMPANY

YORK, PA.

Kitchen Machines and Bakery Outfits

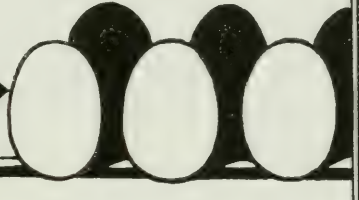
Consult the Index Year Book for Catalog information.

FOOD EFFICIENCY
FOOD ECONOMY

A CUPFUL OF
OVALTINE 225 CALORIES

HAS A GREATER FOOD VALUE AND COSTS CONSIDERABLY LESS THAN

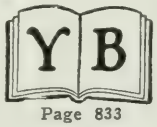
THREE EGGS 210 CALORIES



And Furthermore—

Ovaltine has an appetite and taste appeal, is easily digested, a powerful aid to digestion, rapidly assimilated, can be taken without revulsion and retained under the most difficult conditions of feeding.

Ovaltine is sold in 8 oz. and 17 oz. tins; also in 5 lt. and 10 lb. cans for Hospital use. Samples and literature mailed to physicians or superintendents upon signed request.



Page 833

THE WANDER COMPANY
37 South Wabash Avenue, Chicago, Ill.

M2

OVALTINE
TONIC FOOD BEVERAGE

The Management of an Infant's Diet

DIARRHEA OF INFANTS

Three recommendations are made—

Stop at once the giving of milk.

Thoroughly clean out the intestinal tract.

Give nourishment composed of food elements capable of being absorbed with minimum digestive effort.

A diet that meets the condition is prepared as follows:

Mellin's Food . . . 4 level tablespoonfuls
Water (boiled, then cooled) **. . 16 fluidounces**

Feed small amounts at frequent intervals.

It is further suggested:—As soon as the stools lessen in number and improve in character, gradually build up the diet by substituting one ounce of skimmed milk for one ounce of water until the amount of skimmed milk is equal to the quantity of milk usually given for the age of the infant; also that no milk fat be given until the baby has completely recovered.

MELLIN'S FOOD COMPANY, BOSTON, MASS.

A Soothing Restful Light

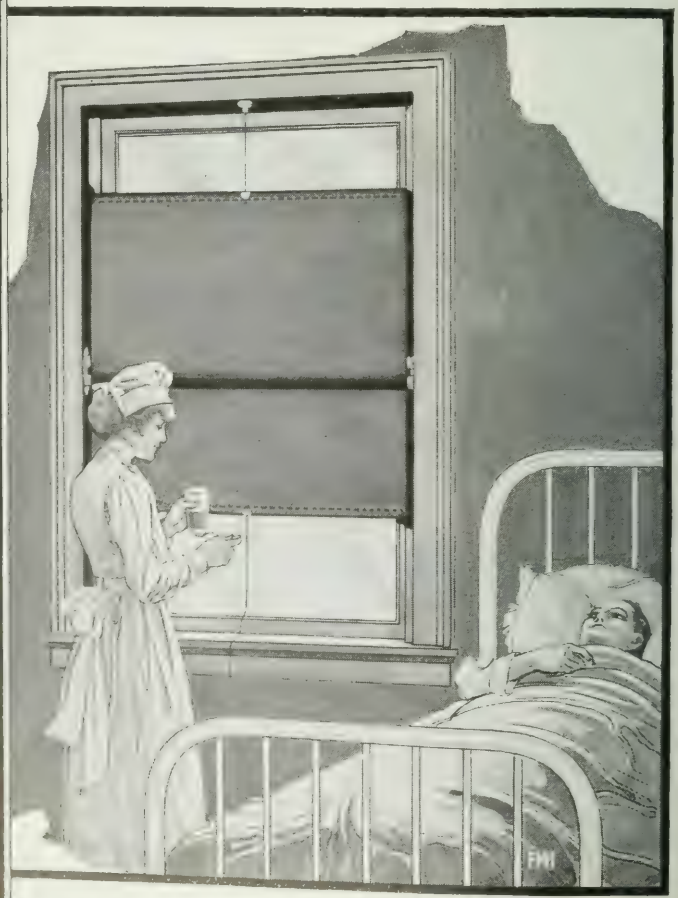
In thousands of hospitals and sanitariums where physicians and nurses realize the curative and restful value of proper lighting, you will find the celebrated Hartshorn Rollers used in connection with Oswego Shade Cloth. Adjustable to the fraction of an inch this two-way shade enables the nurse to regulate the light to suit her patients' needs; and brings to tired eyes and throbbing heads a grateful relief.

Stewart Hartshorn

Write for samples of Colors 214 *and* 200 *in* Tinted Cambric *and Colors* 81 *and* 46 *in* Cretonne. *Opaque which have been analyzed by chemists and adopted by Hospitals of some of the large municipalities.*

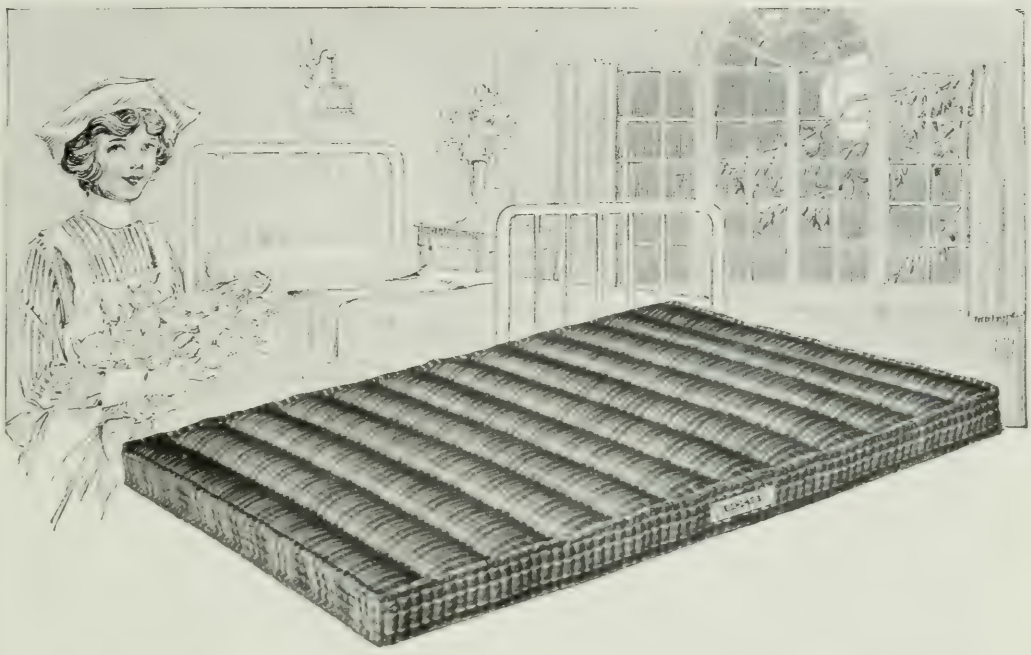
STEWART HARTSHORN CO.

General Office, 250 Fifth Ave., New York City
Chicago Office, 327 N. Wells St., Chicago



Consult the 1920 Year Book for Catalog information.

Burton-Dixie Products



"For The Sleep That Rests, a Burton-Dixie Mattress"

Natures Treatment

Nature is more potent in healing than drugs. Sleep is nature at work.

A quiet, cheerful atmosphere, a good bed on which a patient can rest for hours, relaxed, undisturbed and in perfect comfort, these aid nature in its work of restoring health, accelerating most favorably the processes of rebuilding.

Burton-Dixie Mattresses induce relaxation, composure and restful sleep. Specially built for hospital service---sanitary and durable.

Y B

Page 374

Write Department MH for details.

BY INVITATION MEMBER OF

Burton-Dixie Corporation

Chicago · Pittsburgh · Cleveland · New York
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Executive Offices 2024 S. Racine Ave. Chicago

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CLOW

Reliability

You cannot examine every piece of equipment, every bit of plumbing, that goes into your school, for possible defects or inferior material.

But you can judge it by the reputation of the manufacturer.

There is no product in which high standards are of greater importance than in the case of plumbing and plumbing equipment. Good plumbing and equipment is health insurance and far-sighted economy.

James B. Clow & Sons have made and sold honest plumbing equipment for forty years.

Send for catalog

James B. Clow & Sons

534-546 So. Franklin Street, Chicago, Ill.

Sales Offices:

New York, St. Louis, Pittsburgh, Minneapolis, Detroit, Milwaukee, San Francisco, Philadelphia

Consult the 1920 Year Book for Catalog information.

Simmons Steel Institution Bed Design 1961

The new Series of Designs in Simmons Beds harmonize with the furnishings of any Hospital's Private Rooms

Although they are entirely different in appearance from the ordinary institution bed—it is interesting to note that the new designs in Simmons Beds for the Private Rooms embody every worth-while feature of hospital bed construction.

As beds for the private rooms of hospitals, these new designs satisfy a long-felt need—for the reason that they are distinctive. They are everything in rigidity, height, equipment and sanitation that a modern hospital bed *should* be. In addition they reflect a certain "home-like" comfort, elegance and refinement which the private patient will not fail to appreciate.

Descriptive matter, picturing and describing Simmons Beds for hospitals and other institutions, will be mailed promptly upon request. Address:

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WAREHOUSES IN ALL PRINCIPAL CITIES

CHICAGO DISPLAY ROOMS.
1347 S. MICHIGAN AVENUE

NEW YORK DISPLAY ROOMS
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EXECUTIVE OFFICES—KENOSHA, WISCONSIN

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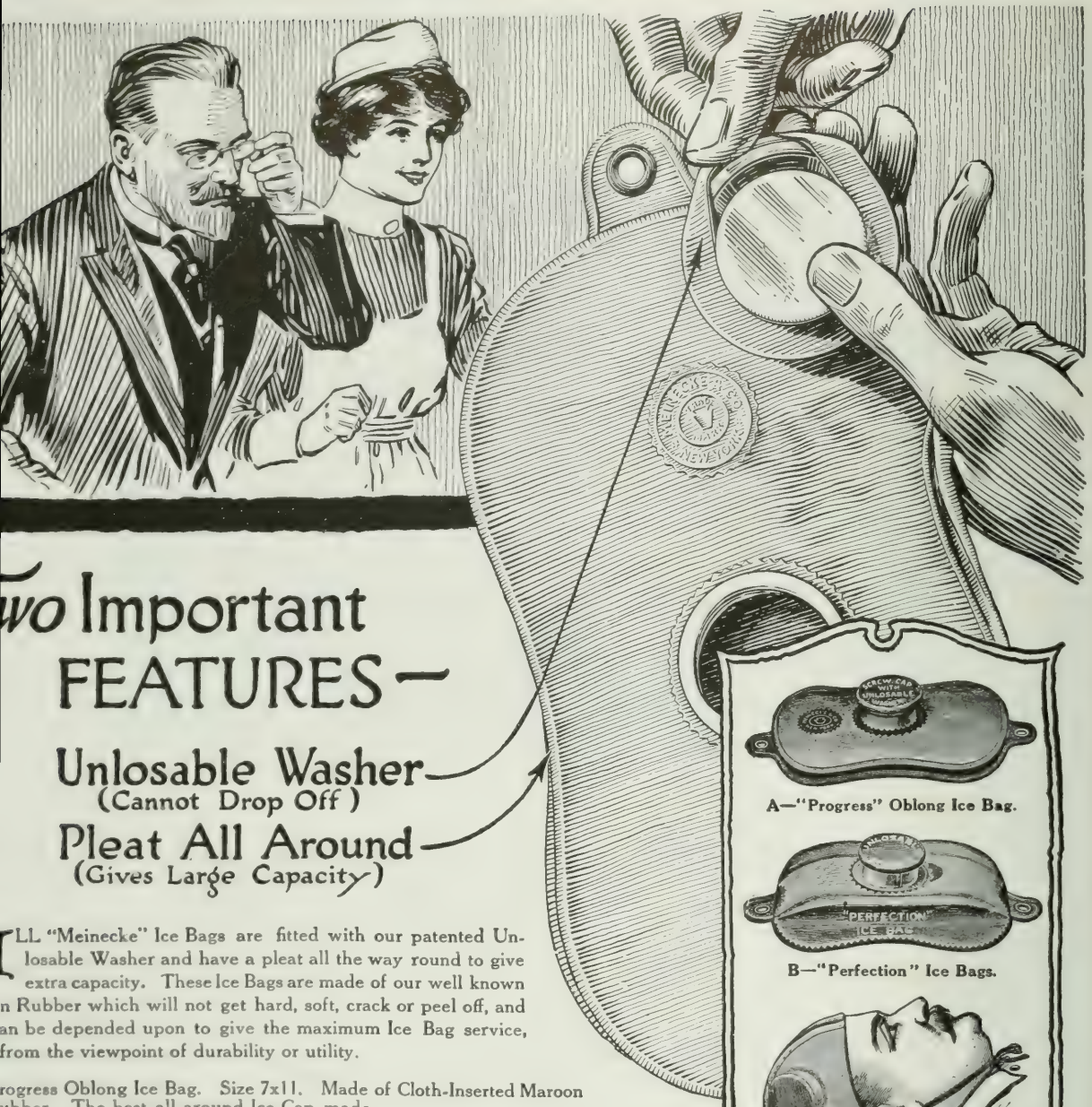
Page 746A



Two Important FEATURES—

Unlosable Washer
(Cannot Drop Off)

Pleat All Around
(Gives Large Capacity)

ALL "Meinecke" Ice Bags are fitted with our patented Unlosable Washer and have a pleat all the way round to give extra capacity. These Ice Bags are made of our well known n Rubber which will not get hard, soft, crack or peel off, and an be depended upon to give the maximum Ice Bag service, from the viewpoint of durability or utility.

rogress Oblong Ice Bag. Size 7x11. Made of Cloth-Inserted Maroon ubber. The best all-around Ice Cap made.

erfection Ice Bags. Made in three sizes, namely, small, 5x9, medium, 6x11, rge, 7x13 inches. The upper part is made of Cloth-Inserted Maroon Rubber, nd the lower part of all Rubber Stock. The box-like pleats permit this Bag assume a square shape when filled.

rmy and Navy Combination Ice Bags and Helmets. Made in two sizes, namely, rge size, (for adults) 12½ inches in diameter, small size, 10 inches in diameter. lade of Cloth-Inserted Maroon Rubber. This is an unusually good Ice Bag or use in fever cases, as the ice can be centered over the base of the brain. oops are provided for tying on, in case the patient is delirious. This Ice Cap an be flattened out to form a large round Ice Bag, for use when a large rea is desired to be covered, especially over the chest or abdomen.

rogress Throat Ice Bag. Made of Cloth-Inserted Maroon Rubber in two sizes, amely, small size, 10 inches, large size, 12 inches. For application to the Throat r head.

ace and Ear Bags. Made in one size only, of all Rubber Stock, for use on the orehead, back of the ear or back of neck and over the head. This Bag can be sed for either Ice or Hot Water. For tying on purposes this Bag is provided ith a linen bandage which fits over the Cap.

A—"Progress" Oblong Ice Bag.

B—"Perfection" Ice Bags.

C—"Army and Navy" Combination Ice Bags and Helmets.

D—"Progress" Throat Bags.

E—Face and Ear Bag.

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MEINECKE & CO., New York.

THE MODERN HOSPITAL

A Monthly Journal Devoted to the Building, Equipment, and Administration of Hospitals, Sanatoriums, and Allied Institutions, and to Their Medical, Surgical and Nursing Services

Vol. XV *September, 1920* No. 3

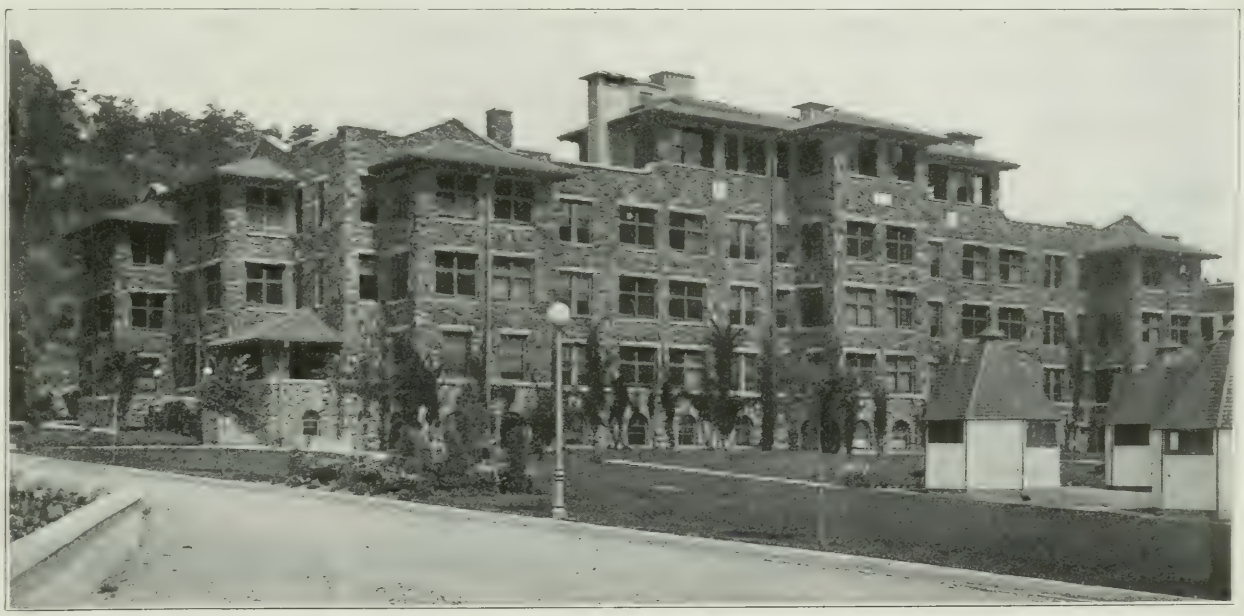
RECEIVING HOSPITAL, MODERN WOODMEN OF AMERICA SANATORIUM, COLORADO SPRINGS

By THOMAS MacLAREN, Colorado Springs, Colo.

THE receiving hospital of the Modern Woodmen of America Sanatorium serves the purpose of accommodating invalids on their arrival, while their condition is being ascertained for classification. Here they are given a complete rest to become acclimated and accustomed to the high altitude—in this case about 7,000 feet. The intention of the institution is to receive solely from among the membership of the Modern Woodmen of America, patients in the incipient or early stages of tuberculosis; and those whose condition is ascertained to be such are, after a period in the receiving hospital, placed in the ambulatory class in the individual tent-shaped structures in the grounds, which at present number 132. Some who are found in a more advanced stage may stay for a longer period in the receiving hospital in case improvement warrants their being placed in the ambulatory class, or in case no improvement demonstrates the necessity of returning home. Again, some relapses may happen among ambulatory patients, and a return to the receiving hospital may restore them; consequently the building is partially an infirmary.

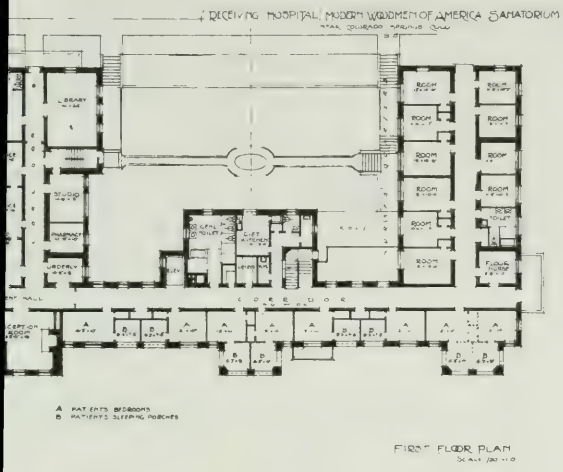
Basement Plan

The x-ray department is placed in the end of the wing under the suite of doctors' examination offices on the first floor, ready communication with which is obtained by a small staircase adjoining the dark room. The rooms are arranged for the sequence of the work: general waiting room,



Modern Woodmen of America Sanatorium, Colorado Springs, Colo. The receiving Hospital.

ng room and toilet, then radiographic and scopic rooms, with transformer room, dark and the filing room for plates, accessible both.

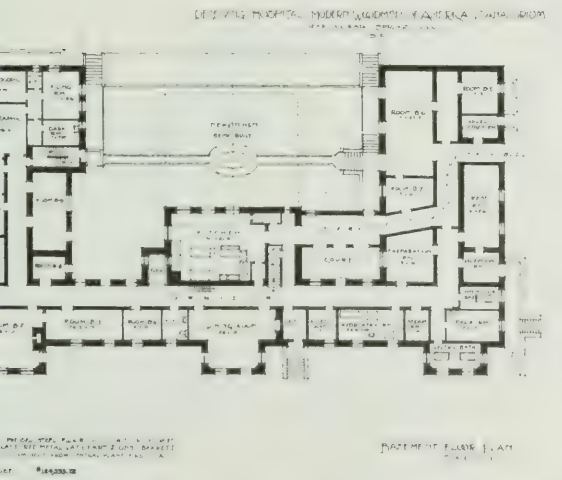

RECEIVING HOSPITAL, MODERN WOODMEN OF AMERICA SANATORIUM
NEAR COLORADO SPRINGS, COLO.
A PATIENTS' BEDROOMS
B PATIENTS' SLEEPING PORCHES
FIRST FLOOR PLAN

Receiving Hospital. First floor plan.

is also a kitchenette where, in case of neces- small amount of food may be prepared for ent to take in the course of examination. itchen is provided exclusively for cooking for patients in this building and as the pa- are for the most part in bed, trays are sent the kitchen first by dumb-waiter to the diet ns on each floor and then served from these patients' rooms. For the small proportion oulatory patients resident temporarily in the ing hospital, a dining room is provided in sement on the opposite side of the corridor the kitchen. For supplies this kitchen is ted by an underground passage to the stor- oms in the main central building.

vision has been made for the future installa- a hydrotherapeutic department in the end building as shown.

remainder of the rooms are partly unas-

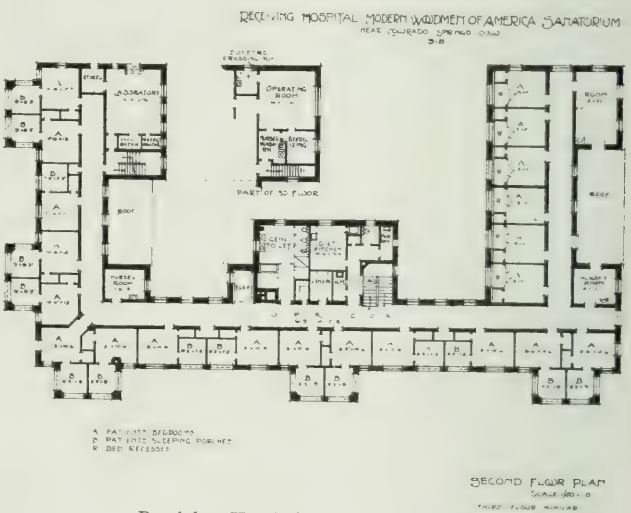


Receiving Hospital. Basement floor plan.

signed as yet. Room B-6 is temporarily used for occupational therapy, B-2 by the photographer, and B-9 for display of x-ray plates.

First Floor

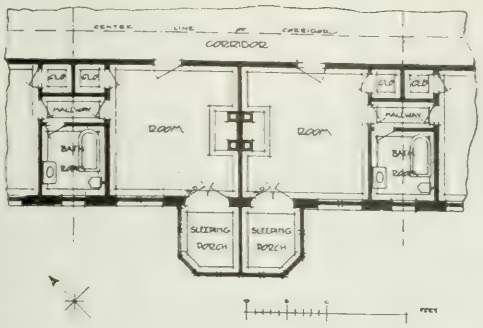
The left wing connected to the entrance hall is occupied by a reception room, a suite of doctors' offices, a medical library, a photographer's studio (in which a photo of each patient is taken on arrival), a pharmacy, and space for the telephone operator. A staircase from this wing connects, as before mentioned, with the x-ray department in the basement, also with the laboratory on the second floor over the library, and again with the operating room on the third floor over the laboratory. Thus the medical administrative portion is confined to this wing, and conveniently connected within itself, but isolated from the hospital proper. At the point where patients' suites begin on this floor, double doors separate these from entrance hall and the wing, above described. The back of the right wing is occupied with nurses' rooms, though



Receiving Hospital. Second floor plan.

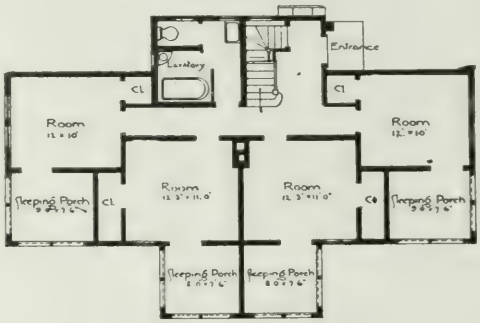
these eventually will be appropriated for patients, as the construction of a nurses' home in a separate building will soon proceed. In the central projection at the back are conveniently placed the patients' toilets and baths, diet kitchen with dumb waiter connection to kitchen below, nurses' toilet and sink, main staircase, and electric automatic elevator.

The receiving hospital contains in all fifty rooms for patients, all of which are provided with open-air sleeping porches. Eight rooms for patients are on this floor. Including these, thirty-eight rooms in all, out of the total of fifty, are planned on the basis of a unit designed in 1904 in the original Cottage Sanatorium at Cragmor, Colorado Springs, by T. MacLaren, architect, in consultation with the late Dr. S. E. Solly, who



TYPICAL PLAN OF PATIENTS' SUITES, GLOCKNER SANATORIUM, COLORADO SPRINGS.
The late George M. Bryson, Architect.

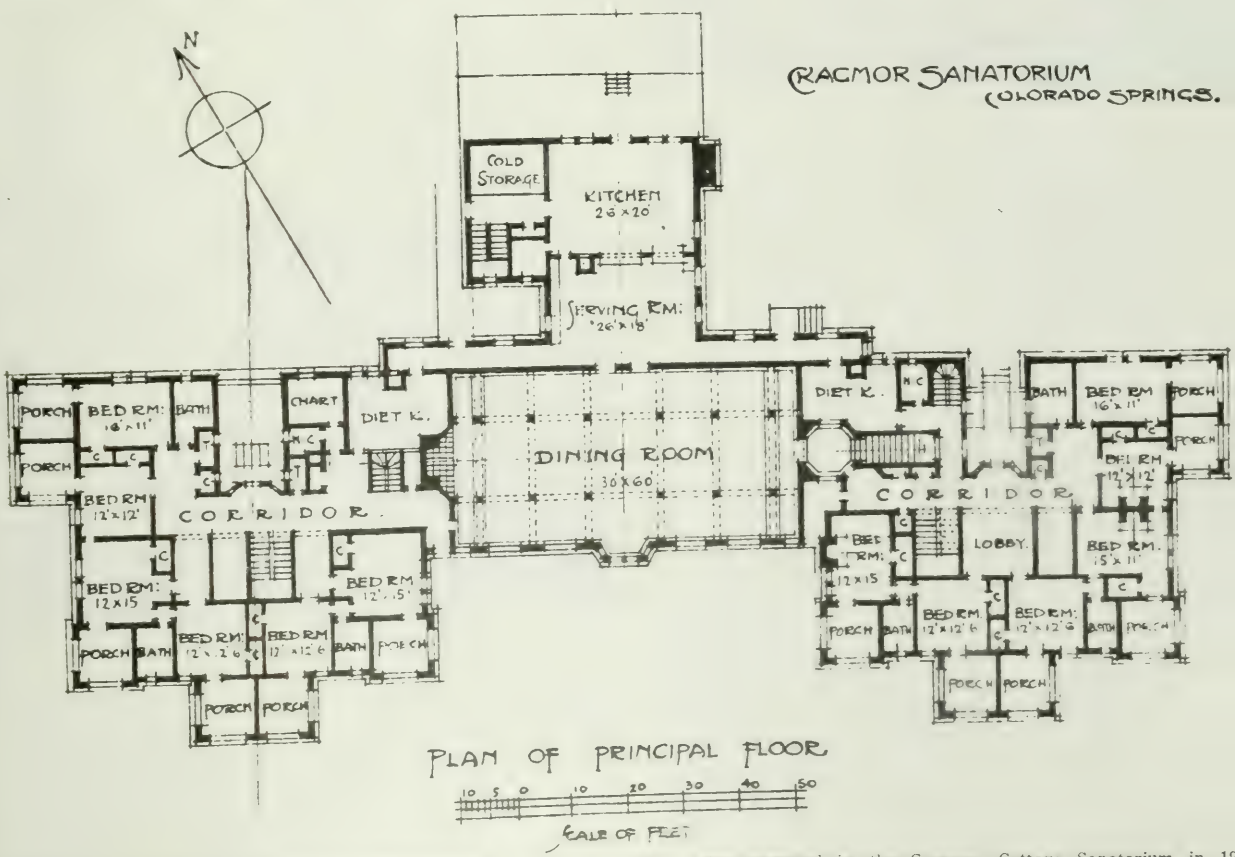
came from London in the early days to Colorado Springs for his health, and whose well-known work "Climatology" greatly stimulated the influx of tuberculous invalids to Colorado Springs. This unit has elicited the highest commendation from all visiting physicians for its simplicity of arrangement, and effectiveness for its purpose. The aim in this was to avoid the not infrequent continuous sleeping porch in front of patients' rooms, which renders them gloomy. In the Cragmor unit the sleeping porch is projected from the main wall and is of ample dimension, but sufficiently short of the length of the room to leave space for a window giving direct light to the room and with, in addition, a wide glazed door to the sleeping porch. A cheerfully lighted room is thus obtained. The next step was to group the units in pairs. This plan was followed in a wing of the Glockner Sanatorium, Colorado Springs, and in the recent large extension of Cragmor Sanatorium.



TYPICAL FLOOR PLAN OF COTTAGE.

COTTAGE SANATORIUM, CRAGMOR.
T. MAC LAREN, ARCHITECT

Modifying this plan for the M. W. A. receiving hospital, it developed into the form shown—the porches being projected and recessed in pairs alternately. To prevent stagnation of air in the recessed porches an ample vent is provided at the back of each and carried up in a stack through the roof.



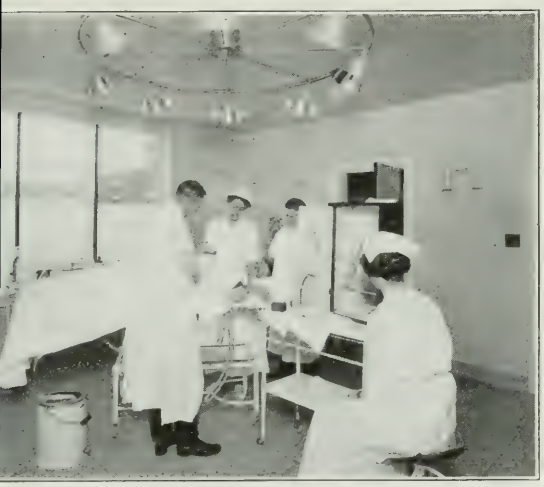
The floor plans illustrate the origin and application of the "Cragmor Unit," first executed in the Cragmor Cottage Sanatorium in 19

Second Floor Plan

this floor the research laboratory is over the medical library below, as be- entioned, and has direct communication rcase to medical administrative portion on or. The laboratory, as will be seen, is well ed from the hospital proper.

en of the patients' suites on this floor fol- Cragmor unit as before mentioned.

e court face of the left wing, as a variation ne unit above described, a suite of rooms ted on the "Convertible Sleeper" plan, as the Indiana State Hospital at Rockville. a plan wherein the bed is placed to fit losely in a recess against the outer wall. ening in the outer wall is nearly the length



The operating room.

bed and is fitted with horizontal sliding . Between the bed and the room are hinged Thus, without moving the bed, a patient, ing the sashes and opening the doors, is in n and, by reversing the process, is on an ir porch.

central projection contains exactly the modation noted on the first floor.

Third Floor Plan

operating room is on this floor, in which najor and minor operations are performed. oom is of moderate size, seventeen feet six by sixteen feet, and has complete accesso- sterilizing room, wash room, and doctors' ng room. The operating room is separated o sets of double doors from the corridor of spital, and the department is otherwise iso- yet retains its inner connection with the al administrative portion on the first floor. er respects the third floor is a duplicate of cond.

external walls of the building are constructed of local field stone, the interior is of fireproof construction, and the roof is of slow-burning construction.

Well-lighted assembly and recreation rooms have been recently added in the center portion on the fourth floor and at the present time a new and larger kitchen, built to meet the growing needs, has just been completed.

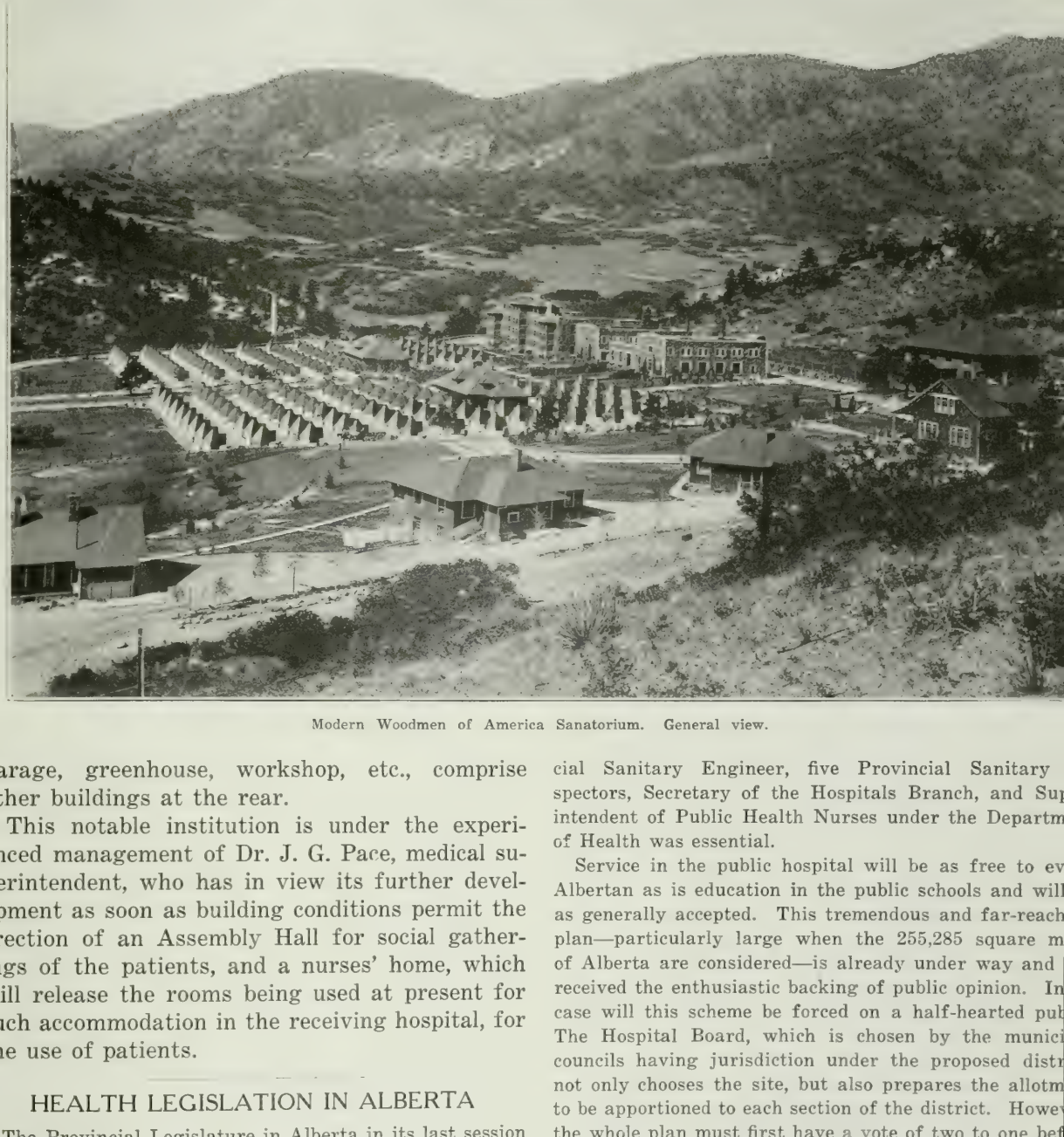
It will be of interest to trace the relation of this building to the general institution. As stated at the beginning of this article, the ambulatory patients are selected from the new arrivals after examination and observation in the receiving hospital, where they are first accommodated and classified. The ambulatory cases stay in what are termed the colonies outside, consisting of tent-shaped structures, steam heated and electrically lighted. The plan as originally laid out called for sixty of these structures in a colony, grouped around what may be termed a utility building. The utility building contains: wash room, toilets, and baths for each colony, consulting room for the doctor in charge of the colony, nurses' suite, diet kitchen for the preparation of any light nourishment the patients may require between the regular meals, and a large common assembly room, where the patients can meet for social or other purposes.

For the regular meals of the ambulatory or colony patients, dining rooms are provided in a large central building, shown to the right of the receiving hospital in the general view. The kitchen equipment, storage and refrigerating

A patient's suite.

plant in this building are both ample and complete. A suite of business administrative offices occupies a portion of the first floor, and the women help's quarters occupy the second story.

The doctors' residences are grouped on one side of the colonies, and the power house on the opposite side, while the men help's quarters, the



Modern Woodmen of America Sanatorium. General view.

garage, greenhouse, workshop, etc., comprise other buildings at the rear.

This notable institution is under the experienced management of Dr. J. G. Pace, medical superintendent, who has in view its further development as soon as building conditions permit the erection of an Assembly Hall for social gatherings of the patients, and a nurses' home, which will release the rooms being used at present for such accommodation in the receiving hospital, for the use of patients.

HEALTH LEGISLATION IN ALBERTA

The Provincial Legislature in Alberta in its last session took a concrete stand in favor of preserving human life and utilizing the potential value of physical well being when it passed the Public Health Act. The broad and enduring principles of this Act embody specifically the creation of a distinct Department of Health and erection of such a network of rural hospitals that no resident of the province shall be more than thirty-five miles from a good hospital. The new department is given jurisdiction over many previous acts of the legislature—over the Public Health Nurses' Act, Public Health Act, Registered Nurses' Act, Municipal Hospitals' Act, Venereal Diseases Act, Medical Profession Act, Alberta Pharmaceutical Association Act, Dental Association Act, Marriage Ordinance Act and Vital Statistics Act. With $100,000 already, in the past year, appropriated in hospital grants and with every effort being made to secure a province of physically sound individuals, the legislature considered that appointment of a Minister of Health, Deputy Minister of Health, Provincial Sanitary Engineer, five Provincial Sanitary spectors, Secretary of the Hospitals Branch, and Su intendent of Public Health Nurses under the Departm of Health was essential.

Service in the public hospital will be as free to ev Albertan as is education in the public schools and will as generally accepted. This tremendous and far-reach plan—particularly large when the 255,285 square m of Alberta are considered—is already under way and received the enthusiastic backing of public opinion. In case will this scheme be forced on a half-hearted pub The Hospital Board, which is chosen by the munici councils having jurisdiction under the proposed distr not only chooses the site, but also prepares the allotm to be apportioned to each section of the district. Howe the whole plan must first have a vote of two to one bef it can be initiated in any district and even after allotme are made a district may appeal to the Public Utili Commission which, after consideration, will either alter confirm. Maintenance expenses are also apportioned nually by the board annually chosen by the people. F hospitals are complete and in operation, two more near completion, plans drawn in six more districts, and p liminary surveys made all over the province.

The Honorable A. G. Mackay, Minister of Health, su up the intent of these measures by saying:

"The position taken by the government is, that no set should be induced to become a resident of this provi unless the province is prepared to follow immediately w a school in which to educate his children, a highway u which to reach his market, and last, but by no me least, a hospital where he or any member of his fam may receive proper attention in case of accident or health."

SELF-EDUCATION FOR HOSPITAL EXECUTIVES

By S. S. GOLDWATER, M.D., Director, Mt. Sinai Hospital, New York

enerally hoped and believed that the hos- executive of the future will enter upon his med with the advantages of a systematic which has heretofore been lacking.

levelopment of schools for the training of executives will not be without value for w engaged in hospital work, for it is prob- t some at least of the graduates of these will elect longer apprenticeship courses e schools will offer, and those who so elect ome assistants to and pupils of the hos- ecutives of the day, to whom they will earing the inspiration of youth and, if ools do their work correctly, a message mpromising thoroughness. Besides, the and development of a faculty for the of hospital executives will encourage a crutiny of hospital problems, and this in ll disclose new avenues for hospital serv- will foster efficiency.

assembling for my own use the subject- proper to a course of training for hospital ves, it occurred to me that I had before me means of measuring my own knowledge of entials of hospital management, and espe- means of discovering gaps in that knowl- hich should not be ignored. It then occurred hat the prepared list of studies and exer- ight serve others in the same way.

one must decide for himself just how to he suggestion of self-education which this intended to convey. One method that suggests itself is to utilize the list for the of starting a classified card index of subjects (the completed card index of course, represent an enormous expan- the bare outline which is here presented). one undertake the preparation of such an nd at once it will become manifest to him knowledge of the subject-matter of hos- rk, though reasonably satisfactory in cer- pects, is quite meagre and unsatisfactory rs. Such, at any rate, has been our ex- . As a simple test of the value of this let the reader check off five included bout which he knows most, and five about e knows least. Such a self-appraisal, it is , will be found most illuminating. The ical step is to set about supplying deficien- knowledge and experience by a further n and collation of available data, and by a ttack upon the problems of administra- mselves.

With this brief introduction, and with the object of encouraging hospital executives, who have not yet done so, to systematize their professional knowledge, I present the following outline of a possible Course of Instruction for the training of hospital executives.

Outline of System of Instruction and Training for Hospital Executives

Part I—History and Theory. (Lecture and Study Courses)

1. Medical History
   - Clinical
   - Nursing
   - Laboratory
   - Medical Education
     - Medical and nursing training and practice historically considered
     - Present tendencies
     - Future development
     - Contributions made or to be made by the hospital
2. Sanitation and Hygiene
   - Principles
   - Their application to hospital practice
3. Vital Statistics
   - Mortality
   - Morbidity
     - Community sickness surveys
     - Indicated hospital and dispensary requirements
4. Survey of hospital resources
   - Foreign countries
     - Features to be avoided
     - Features to be adopted or adapted
   - United States
     - Classification
       - Public, voluntary or private
       - Acute, convalescent, chronic
       - General or special
     - Number
     - Distribution
     - Rate of increase
       - Analysis of contributory factors
5. Sociology
   - Standards of living
     - As cause of disease
     - In relation to hospital demand
   - Principles of relief
     - Function of hospital in preventing poverty
     - Function of hospital in curing poverty
   - Theories of social administration
   - Theories of medical administration
     - State agencies
       - State medicine
       - Compulsory health insurance
       - State and municipal hospitals
     - Voluntary agencies
       - Voluntary hospitals
       - State aid for hospitals
6. Law
   - Jurisprudence
   - Special laws and ordinances
     - Establishment of hospitals
     - Support of hospitals
     - Regulation of hospitals
     - Regulation of medical education
     - Regulation of nursing education
   - Legislative tendencies
   - Legislative procedure
7. Business Science
   - Corporation accounting
   - Cost accounting
   - Budget making
   - Purchasing
   - Management of labor
8. Domestic Science
   - Kitchen management
     - Food in health and disease
   - Laundry management
   - Housecleaning
9. Hospital planning and construction
   - Principles of planning
   - Principles of construction
     - General hospitals
     - Special hospitals
10. Building and Plant Maintenance
    - Organization
    - Economics and utility

Part II.—Administration. (Lecture and Study Courses)

Hospital administration
1. Community relations
   - Appraisal of needs and resources (survey methods)
   - Organized co-operation
     - State, county and municipal systems
     - Community councils, associations, and "funds"

Unorganized co-operation
Classes of co-operating agencies
Medical agencies
Preventive medical agencies
Social agencies
Individual practitioners
Methods of co-operation

2. Interior administration
General management
General hospitals
Special hospitals
Large and small hospitals
Corporate organization
Trustees and committees
Auxiliaries
Legislative authority in the hospital
Legislative procedure in the hospital
Executive authority and procedure
Nominations and appointments
Medical
Other

Department Management
Medical
Clinical divisions
Staff organization
Teaching organization
Clinical conferences
Medical publications
Resident staff
Dispensary service
Emergency service
Home medical service
Auxiliary medical departments
Admitting department
Receiving wards
Ambulance service
Surgical operating rooms
Anesthetists
Discharge system
Follow-up
The convalescent home
Medical social service
Health classes
Pathological laboratories
Laboratory divisions
Routine
Research
Autopsies
Radiology
Cardiology
Physical therapy (all forms)
Dentistry
Pharmacy
Clinical records
Medical library
Disinfecting station
Nursing
Teaching
Nursing service
Graduates
Pupils
Attendants and ward maids
Affiliated nurses
Orderlies
Visiting nurses
Nurses' home

Business management
Corporation accounting and auditing
Cost accounting and rate-making
Office management
Printing
Purchasing
Standardization of supplies
Stock keeping
Equipment inventories
Management of employees
Wage scale
Pensions
Welfare activities
The hospital budget

Social management
Publicity
The annual report
Appeals for support
Educational publicity
Distribution of free, part-pay, and pay beds
Dispensary fees
Medical fees
Visitors (family and friends)
Patients' recreation
Day rooms
Library
Hospital aides
Non-medical guests
Complaints
Disposition of rejected cases

Building equipment and operation
Heating
Lighting
Ventilation
Alterations and repairs

Housekeeping
Dormitory administration
Housecleaning
Kitchen
Sub-kitchens
Laundry
Linen supply
Sewing room

PART III—ADMINISTRATION. (APPRENTICESHIP.)
Practical training
In general hospitals
In special hospitals
In hospital departments

THE FOURTH RED CROSS ROLL CALL

The Fourth Red Cross Roll Call will be held f Armistice Day, November 11, to Thanksgiving Day, vember 25, next. Hereafter every anniversary of end of hostilities in the World War will be the occa for the American public to renew its Red Cross allegi through dollar memberships.

This was made known recently by Dr. Livingston rand, chairman of the Central Committee, when he nounced that as a result of the last Roll Call the Cross now has more than ten million members. Thi more than twenty times the pre-war membership of society, and does not take into account the fourteen lion school children who are members of the Junior Cross.

The membership dollars will be used to further gigantic peace time activities of the American Red C which are:

To continue work for America's veterans of the W War, particularly the disabled.

At the Red Cross Institute for the Blind near B more than half of the American soldiers blinded in World War have already been trained in spite of t handicap for living and earning.

To serve our peace-time Army and Navy.

The Government has requested that the Red Cross tinue this responsibility, particularly that of acting a connecting link between the enlisted men and t famlies."

To develop stouter national resistance to disease thr health centers.

The Red Cross chapter in Seattle, Wash., alone is tablishing twenty-five Red Cross health centers in towns of King and Kitsap Counties.

To increase the country's nursing resources and t operate with official health agencies.

When influenza visited New York City, the Red C supplied blankets, towels, nightgowns, layettes, and c sickroom articles within a few hours. In Chicago, 1 women trained by the Red Cross during the war called to sickroom service.

To continue preparedness for disaster relief.

Mobile relief units, consisting of food and medical plies, are stored in Red Cross warehouses all over country. In time of disaster they can be rushed to stricken community.

To continue Home Service and community work.

Red Cross Home Service workers are in forty-five Public Health Service hospitals, with a possible popul of 10,000 patients.

To complete relief work among the war-exhausted disease-ridden people of Europe.

Ten millions of the 40,000,000 souls in the Balkan s alone were beneficiaries of Red Cross bounty in se teen months of relief work there. The food and clot and medical relief supplied are given as "gifts of American people."

TREAL—A CITY OF MODERN BUSINESS AND ROMANTIC CHARM*

, in wealth, in population, in commerce, vigor and charm of its history, in and situation, Montreal stands high he cities of the American continent. It is n an island, thirty-two miles long and r to eight miles wide, at the confluence . Lawrence and the Ottawa.

entral point of Canadian history, as the religious traditions and the seat of power eat church, it has many interests in addi- ts commercial progress and financial in-

reference was made in an article pub- this journal last month to the found- e city in 1642 by Paul de Chomedy, Sieur onneuve, with seventeen devoted follow- 1667 Montreal had a population of 766, beginning to assert itself as endent center of trade. It had t day, and a public warehouse, by the people themselves. And rade pioneers and even braver the latter with the zeal of the and the spirit of the martyrs composition, were with mar- apidity bringing a constantly g area, if not into subjection, within the trade influence of the little town. It was Montreal's cial enterprise and religious at planned those audaciously rous trips of exploration of Iennepin, La Salle, and Dulhut, ntreal men who carried them their successful conclusion. scovered the Great Lakes, the ppi, and the productive country nt forming the western states, he explorers of England's old along the Atlantic seaboard farther westward than the y Mountains.

arly Romantic History

72 the town was formally laid the streets named, many of the emaining unchanged to this day. entury later Montreal was forti- fied with a bastioned wall and ditch. Not a trace of the fortifications exists today. The requirements of commerce demanded their demolition as long ago as 1808. Even the hill on which stood the citadel was demolished shortly afterwards and carted away.

The colony was frequently threatened with extinction by the Iroquois, but the year 1701 saw the great Indian conference in Montreal, the vast gathering at which peace was concluded with the redskins, and which possesses a special historical and dramatic interest by reason of the tragic death of "Le Rat," one of the most eloquent and keen witted Indians who ever lived, while delivering a forcible appeal for peace to his dusky kinsmen. By 1725 the advantages of Montreal as a commercial center had become generally rec-

Notre Dame Church, Montreal.

he second of a brief series of articles on Can- ntreal, published for the benefit of delegates coming convention of the American Hospital The first article, "Through the Heart of Mr. Walter S. Ross, was published in the e.

ognized, and we find the city's first English people attracted thither. A couple of years later the fact of their presence having been drawn to the notice of the home authorities, orders were sent out from France that the English residents must leave the country unless they were actually settled on land. At any rate, they were forbidden to engage in trade.

Montreal Goes to England

Following Wolfe's victory on the Plains of Abraham, General Amherst and his forces arrived, and set about erecting batteries to bombard the town. The guns were not called into requisition, for negotiations for a surrender were opened and on September 7, 1760, there were signed in the headquarters of General Amherst, on the slopes of Mount Royal, articles of capitulation by which Montreal surrendered, the French troops laid down their arms, and Canada passed into the possession of Great Britain. Montreal had made considerable progress under the impetus of British rule before the next stirring event in her history—its brief occupation by the continental armies in 1775.

Fanciful Past Survives

Everywhere in Montreal, in narrow streets and style of architecture, in language and customs, are indications of this vivid history. In Vaudreuil Lane still stands the modest old warehouse where John Jacob Astor, in the palmy days of the Montreal fur trade, laid the foundation of the Astor millions. Quaint old Roman Catholic chapels and convents exist in the very centre of blocks, which at a cursory glance are given up to twentieth century commercial activity; as quaint and sweet a monastery garden as existed in fourteenth century Europe flourishes within easy stone throw of the Montreal Stock Exchange, and under the very shadow of Notre Dame Church.

Present City Modern

The street frontages in the wholesale district are occupied by great warehouses, which, from the architect's point of view, would be worthy of places in the city of London. The show streets of the down town business section are Notre Dame and St. James. The latter street has during the past quarter of a century undergone a marked transformation from the chief retail business street to a banking and general office street. The

Bonsecours Church, Montreal.

principal shopping thoroughfare is now St. Ca erine Street, and in point of size and attracti ness its stores rank with those of any of the gr cities of this continent.

In prolongation of the central business distri on the lower level, both up and down stream, great manufacturing districts extending miles either way, the residential and newer re districts being located on the lower slopes plateau of Mount Royal.

This beautiful eminence, which in outline sembles a lion couchant, towers well over the c Its summit is crowned with the variegated v dure of the city's principal park, but nestl among the shade trees round its base lie palatial residences of Montreal's merch princes. In Mount Royal Park motor cars not permitted, but one of the most charming drives may be taken by carriage to the v summit of the mountain. The view from the of Mount Royal is a truly splendid one with St. Lawrence and the Green Mountains of V mont in the distance. Conspicuous features

Chateau de Ramezay, residence of the Colonial Governors, Montreal.

ew of Montreal, no matter where obtained, e domes, spires, and minarets of the city's of worship.

St. James Cathedral, Montreal.

Montreal is a city of churches, having one for every 2,500 of the population, about 300 in all. Prominent in the view from the harbor stand the lofty twin towers of Notre Dame Church, often miscalled the Cathedral. Notre Dame is the largest church in America and is built after the model of Notre Dame, Paris. It has seating capacity for 10,000 people but has accommodated 15,000. The two main towers are two hundred and twenty-seven feet in height, and in one of them is swung the largest bell in America, "Gros Bourdon," which weighs 24,780 pounds. Facing Dominion Square, the finest square in the city, is the Cathedral of St. James, a reproduction on a reduced scale of St. Peter's at Rome. Over the facade is a row of colossal bronzed statues of the Saints. Another beautiful cathedral is that of Christ's Church, built in 1859 in the decorative Gothic style, which is now the centre of Anglican worship in the city. Other notable religious institutions are the Grey Nunnery on Dorchester Street and the College de Montreal on Sherbrooke.

McGill University, founded in 1821, has developed into the greatest, in some respects, of Canada's institutions of learning, with a teaching staff of two hundred and fifty-four and students ranging from thirteen hundred in a war year to three thousand in time of peace. Montreal is also the seat of Laval University, organized in 1852, with affiliated Catholic colleges all over the province, with three hundred and four

teachers and three thousand three hundred students and with great influence over the culture and training of the French Canadian section of the population. At present undergoing re-organization, Laval University will be known as the University de Montreal, for which a fresh endowment running into millions of dollars has been subscribed this year.

The Art Association of Montreal is perhaps the most active organization of its kind in the Dominion. It has erected a new gallery at the corner of Ontario avenue and Sherbrooke street West built of marble in Greek ionic style of architecture. The most striking feature of the interior is the grandiose entrance hall, lined with Bottichino marble, and staircase; but the numerous galleries and rooms are handsome, and all the appointments, including those of the art school in the upper story, are excellent and in good taste.

The City Hall is externally a large and rather effective example of modern French architecture, built of grey cut lime-stone, surmounted by heavy square corner turrets. Opposite the City Hall is a long, low building of antique appearance situated behind an old fashioned stone fence. It is the Chateau de Ramezay, full of Canadian historical relics, a veritable treasure-house. It was erected in 1705 by Claude de Ramezay, Governor of Montreal, and occupied by him as his official residence for nearly twenty years. It later became the property of "La Compagnie des Indes," and hither came twice annually, large crowds of coureurs des bois and Indians to exchange their products for other merchandise. After Canada came under British rule the Chateau was leased to the British Government, and the new Numismatic and Antiquarian Society now has charge of it. It contains an unique collection of old prints, pictures, coins and relics of every description. The old council chamber, kitchen and massive vaults can still be seen, the latter still being as perfect as when first built.

As the gift of two citizens, Lord Strathcona and Lord Mount-Stephen, the Royal Victoria Hospital is a huge and most picturesque building of uncut limestone resembling some castellated Scotch palace. The cost was over $1,500,000 apart from the land, which was c tributed by the city; it is heavily endowed. tached to the hospital is the Ross Memorial vilion donated by J. K. L. Ross in 1916, provid the most modern accommodation for private tients. The Royal Victoria Hospital occupies of the most commanding situations in the c The General Hospital on Dorchester Street, est

Bonsecours Market and Nelson Monument, Montreal.

Canadian Pacific Railway's Windsor Street Station, Montreal.

Harbor of Montreal.

n 1821, has a wonderful record. Its tradi- though supported almost entirely by Pro- contributions, is that of an open door, and lief to all sufferers without regard to race d. Another of Montreal's hospitals is the Dieu, overlooking Fletcher's Field. It con- a central chapel with a hospital on one side nnery on the other. It was founded about ars ago by the Duchesse de Bullion.

The River St. Lawrence is seen in its full majesty at Montreal. In its docks lie steamers from beyond the main; its wharves are crowded with the commerce of every European country and its tall grain elevators are gorged with the agricultural products of the western prairies of the Dominion.

Windsor Station and Train Sheds, Montreal.

LOS ANGELES HEALTH ADMINISTRATION

Los Angeles County, California, has adopted a community form of management of joint public affairs that includes the administration of the health departments of its various units. Within the county, with its four or five thousand square miles, are thirty-seven incorporated cities running in population from 500 to nearly 700,000, each of which was formerly independent, with its own machinery for administering its business. With the authority to combine, the county has carefully looked over the different functions, and in those cases where county management proved to be a real economy, has assumed their management. It is now administering such matters as charity, tax collection, public libraries, horticulture, and public health.

Three cities in the county now carry on through the county the work formerly performed by local health officers. It has a number of advantages, among them that of diminution of multiple taxation that has proved in such instances to be such an economic waste. The county health department now includes a bureau of twenty-six persons.

MARY FRANCES SKIFF MEMORIAL HOSPITAL

By OLEF Z. CERVIN, Architect, Rock Island, Ill.

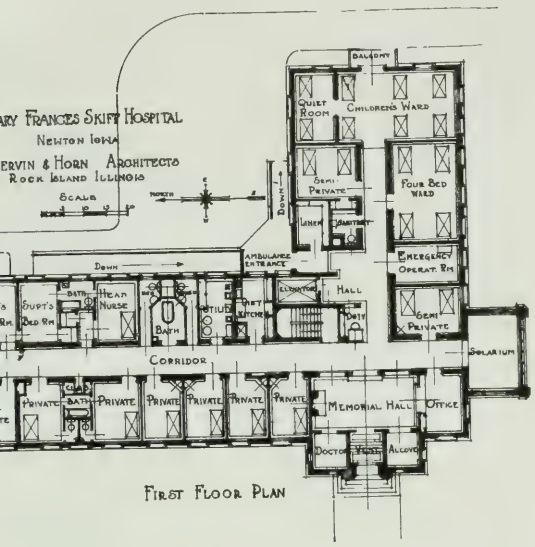
WHEN a new hospital for the city of Newton, Iowa, was made possible by the handsome gift of $100,000 from Mr. Vernon W. Skiff of Chicago, Ill., who had spent much of his life in this city and where his wife now lies buried, it became necessary for the hospital authorities to consider carefully both present conditions and future growth. There is now a small hospital in an old residence which can, when crowded, take care of ten or twelve patients. It is located on a piece of ground the size of a small city block, free on two sides and well set up from the street and enriched with large and healthy trees, both on the street and on the grounds.

One of the first acts of the board was to select architects. Cervin & Horn of Rock Island, Ill., were chosen after investigation of their hospital work. Then the committee and the superintendent, together with the architects, carefully considered all conditions which would have any bearing on the plan and type of hospital. It was found that the city of Newton would require a general hospital to take care of, as nearly as possible, all comers, for it is isolated in a large agricultural community, forty miles away from Des Moines, the nearest large city, and twenty miles from the nearest existing hospital of any pretension. Newton has been for many years prosperous, with a large farming trade, but has latterly been rapidly developing its industries, especially domestic wash machines. It was therefore decided to provide for high grade private patients and for the common laborer with practically no resources. The scope of work is to include care of both surgical and medical cases, provision for a complete maternity department to encourage the use of modern hospital facilities, and provision for children and for isolation. Complete laboratories and kitchen equipment, besides accommodation for the nurses, for those both of the hospital and from the outside, including dining rooms for all and general sleeping quarters for the nig nurses and the superintendent and her head nur were arranged for. In fact, it was found nece sary to provide in the building a unit as comple as possible to take care of a total of fif patients. It immediately became necessary al to provide more than $100,000, with the cost pr vailing in the summer of 1919. The addition amount of $70,000 was raised by the citizens Newton to buy more land, clear off the debt the old place, pay for the new building, fix up t grounds, and furnish an equipment commensura with modern requirements. It was thought th although a hospital of twenty-five to thirty be would be sufficient for the present, within t years even a fifty-bed hospital would be none t large, and it would therefore be desirable to pl so that in emergency t capacity could expanded 25 to per cent. Aft consideration various forms construction, t L-shape plan w finally select because of its propriate char ter for the sha of the prope and its pleasi exterior.

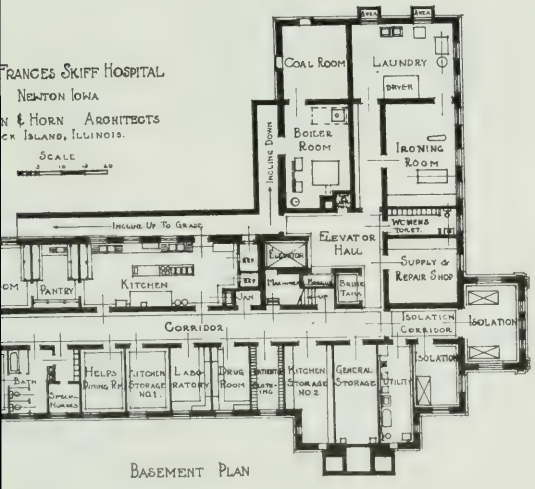
Mary Frances Skiff Memorial Hospital. General front view.

The building to have the ma entrance from the west, the solarium on the sou and the ambulance entrance on the east in angle of the L. To the north will be the nurs entrance, close to the present hospital, which be converted into a nurses' home. The first st will be well set up above the ground, which ri somewhat to the east, especially on the front, that the basement will, from the inside, give impression of being a full story. From the Mer rial Hall, with its stone fireplace and dedicat bronze tablet above, will be found the docto consultation room to the left, a conversation cove to the right, and an office overlooking t hall and controlling the stairs and ambulance trance. These stairs, the elevator, and the nurs duty desk are all close together in the middle the building, so that the nurse may have full c trol of both entrances.

ugh the hospital has only fifty beds, it has ranged for some degree of separation of . Thus the private and semi-private



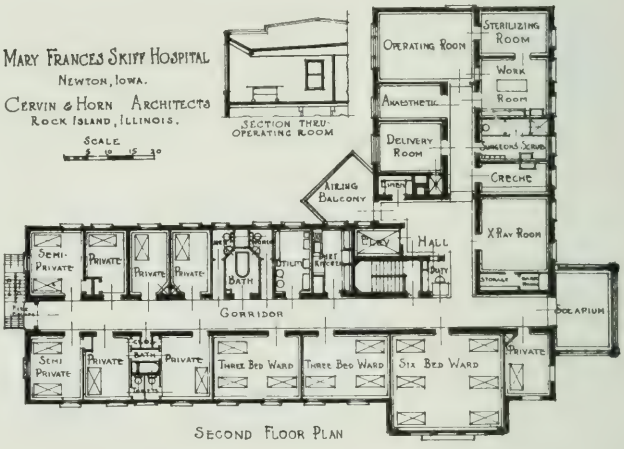
ave been placed in the north end of the , as far away as possible from the traffic, e to the superintendent's and head nurses' The children are in the far end of the ng, with their own balcony and a quiet d with special toilet facilities near by pro- ith infant's low water closet. The oper- ite, including the x-ray room, is in this ing, in the second story and will be shut n other portions.



delivery room has a shower for the ma- cases. This room has specially large win- nd is equipped for a secondary operating The light in the main operating room is d without using any form of skylight, by g the ceiling upward toward the window king the window unusually high as well as s shown in the small section. Incidentally, s no drip from condensation on the cus- tomary skylight. The window is double glazed in metal frames.

The general toilets and baths are arranged so as to separate men's and women's water closet entrances by placing the bath rooms between them but using one soil stack and one vent duct for all. A fan in the second story exhausts the odors from the diet kitchens, utility rooms, and toilets.

The linen room is large enough to be used for a sewing room, with plug for electric power. The utility rooms on each floor are unusually complete, having, besides the customary disposal sink, a blanket and bed pan warmer, bed pan sterilizer, laundry tray, gas plate, fixed table and shelving bed, and space for laundry hamper and Red Cross receptacle. The isolation utility has, in addition, a water closet, lavatory, and bath tub to make it as complete as possible. The kitchen is well sup-



plied with two large refrigerators, shelving, cupboards and tables and has, in addition to the pantry, two storage rooms. It serves the dining rooms of both nurses and maids and, through a dumb waiter, the diet kitchen above. There is also a general storage room and a supply and repair room.

Provision is made for the night nurses' sleeping room in the quietest portion of the building, with adjoining toilets so arranged as to be accessible from the hall and also from the special or outside nurses' rest room—a room so often overlooked. This room has space for six lockers in the anteroom.

The entire east wing of the basement is given over to the coal room and the boiler room with garbage burner and hot water heater and refrigerating machinery, and to the laundry and ironing room. Here also are separate toilets for men and women help. Other requirements taken care of in the basement include a patients' clothing room with lockers, a laboratory, a drug room,

morgue, and brine tank room. The entrance to this basement, including the separate entrance to the kitchen and the boiler room, avoids stairs by using inclines. There is no connection between the boiler room and the other portion of the basement.

Emergency expansion will be taken care of by making the solarium into wards and doubling up in some of the larger single and semi-private rooms. Thus fifteen more patients can be taken care of. The silent call system for nurses will be so arranged that an emergency call can be answered from either floor when sent out by the nurse from any bed through an emergency push button.

The materials provide for a fireproof building throughout, with a soft gray and buff brick trimmed with considerable Bedford stone. The interior with floors of marble and terrazzo in all halls and rooms is coved up on the sides to be flush with the plaster, including the stair treads, so that it should offer the best opportunities for keeping clean. The doors are flush panel birch. No wood trim is used. The elevator will be of the automatic push button type. A dumb waiter will go from the main kitchen in the basement to the diet kitchen above.

SALVATION

Dr. J. M. Buckley, the Methodist divine was asked one day to conduct "an experience meeting" at a colored church in the South.

A colored woman arose and bore witness to the preciousness of her religion as light-bringer and comfort-giver.

"That's good sister!" commented Dr. Buckley. "But how about the practical side. Does your religion make you strive to prepare your husband a good dinner? Does it make you look after him in every way?"

Just then Dr. Buckley felt a yank at his coat tails by the colored preacher, who whispered ardently: "Press dem questions, doctor; press dem questions. Dat's my wife!" —*The Times Illustrated Magazine.*

PRIZES FOR MILWAUKEE HOSPITAL WON

Competition for the new $5,000,000 Milwaukee County General Hospital has been awarded to Van Ryn & De Gelleke, Armstrong & De Gelleke, associated architects, Milwaukee and New York. The jury for awarding of the competition consisted of three architects, five doctors, and a superintendent of nurses. The second prize was given to Schmidt, Garden & Martin of Chicago; third prize to Eric Gugler of New York; fourth prize to Clare C. Hosmer, architect, William H. Furst and R. G. Wolff, associated architects, of Chicago; and fifth prize to Robert Messmer of Milwaukee. The new hospital will be located on the Schandein site on Grand Avenue, between Twenty-fourth and Twenty-fifth streets. The structure designed is large enough to accommodate 500 beds, with such modifications in the plans as to permit the addition of wings which will provide room for as many more. The erection of the building will not be started until next spring. The plans include one-story administration offices to be located in the middle of the main section of the building; hospi laboratory on one corner of the lot, with power-house a laundry balancing it on the other. The nurses' home v be between these. An isolation ward on the eight flo surgical wards and operating rooms on fourth, and wi which include wards for both men and women are outstanding features of the arrangement of the wh plan.

WISCONSIN TO HAVE GENERAL HOSPITA

Provision in a bill signed by Governor Philipp Jun for a State of Wisconsin General Hospital in connect with the Medical School of the University of Wiscon under the supervision of the Board of Regents of University, makes possible not only a four years' cou in medicine at the University, but also the care of patients who may be benefited by hospital treatment who cannot afford to pay for such treatment. Th patients may be transported also at state or cou expense. The new hospital, combining the Univers Infirmary and the Bradley Memorial Hospital, with estimated capacity of three hundred beds, is to be utili for such instruction of medical students, physicians, nurses, and for such scientific research as will prom the welfare of patients committed to its care, and as the application of science to the alleviation of hur suffering. Appropriation for the construction of the h pital building is $750,000; for the nurses' home, $150,0 and for furnishing and equipment, $450,000. These c will be met by excess in the Soldiers' Bonus Fund. Th years will probably be required to build the institutio

DRUG CLINICS OPPOSED

The Bureau of Internal Revenue, charged with the ministration of the Harrison Anti-Narcotic Act, will h after not endorse public clinics for treatment and cur drug addicts. Public clinics, professing to give treatm for drug addiction, grew up as a result of a decisio the Supreme Court that physicians are not authorize prescribe for satisfaction of drug addiction and that d gists cannot lawfully fill prescriptions. Prohibition C missioner John F. Kramer announces that investigatio each one of these public clinics will be made to deter whether its operation is in accordance with the term the Harrison Anti-Narcotic Act.

ARGENTINA HEALTH ADMINISTRATIO

Health work in Argentine progresses along appr lines. Their antimalarial work has been as advance their laws and the shortage of quinin would permit. the inspection of railway carriages the corporations operate with the government and an enormous amoun inspection and disinfection has been accomplished.

Antituberculous campaigns have been conducted in nection with the hygienic inspection of railways, and t educational work has included special train exhibits mobile as well as stationary disinfecting units.

The inspection of schools has included 245 institut with 84,000 pupils. The examinations required of pupils coming to schools include eye, ear, and oral co tions. The bacteriological institute has conducted sev special investigations. Mention is made of cancer stu with reference to possibilities of affecting tumors dietetic measures.

The death rate has been reduced 5 per cent below of previous reports, a fact which is attributed to health administration.

ANIZING AND EQUIPPING AN ORTHOPAEDIC DEPARTMENT

N LINCOLN PORTER, M.D., F.A.C.S., Chief of Orthopaedic Service, St. Luke's Hospital; Professor of Orthopaedic Surgery, Northwestern Medical School, Chicago*

orthopaedic department of a general hospi- hould be under the direction of the senior of that service, who is in occasional con-

to right: Nurses making plaster bandages; pa- Hawley table; supply cart; patient on Bradford held in position by means of a Drake canvas

n with the superintendent of the in all matters concerning the work the department and its relations ıer services. There should be senior, and associate attending orthopaedic s, the number of each depending e size of the service. The undivided of two interns is necessary. The itable senior intern is one who is a e in medicine, intends to specialize opaedic surgery, will stay at least r, and who has already served one hospital intern, preferably in the spital. He should be given as much operative work (under instruc- possible, so that he may become ıt, and satisfied with his position. be assisted by a junior intern. It tial that a specially trained grad- rse devote her entire time to the ent. She should be given charge plaster room and be the "scrub- ıt all operations. Two undergradu- es should devote full time, and two art time to the service.

Four to six rooms, preferably connected, are necessary for the orthopaedic department.

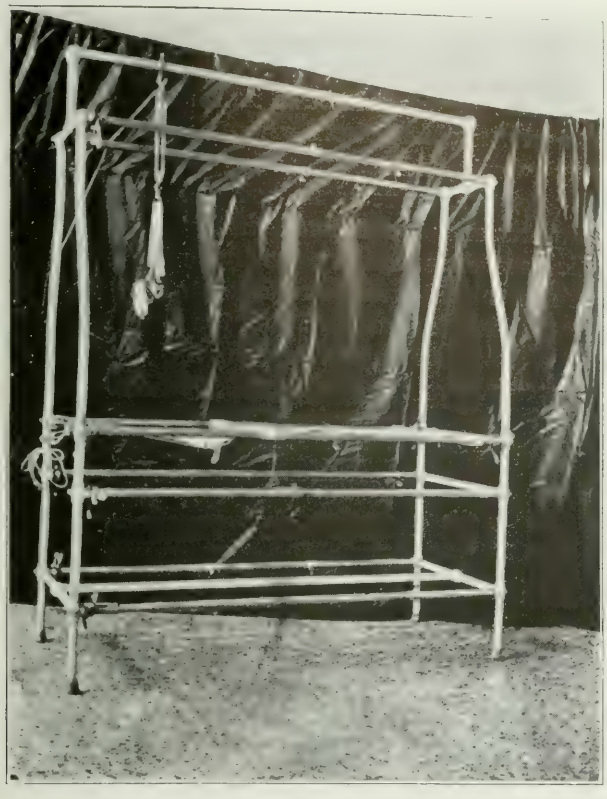
(1) The first requisites are the reception room with its benches and chairs, a record cabinet and card index, where record cards are written and filed and patients assigned to the proper surgeon, and the examining room, which should be large and airy.

The cubicle system is highly desirable both from the standpoint of privacy of examination, and prevention of contagion. This can be accomplished either by screens, or sheets suspended from wires, as used in military hospitals.

(2) The plaster room, where all the plaster work is done, should have a vertical frame for applying casts with patients in the sitting or standing positions, with a halter and spreader apparatus for suspending patients by means of a pulley and rope. An Abbott frame is indispens-

Head traction, using the device of Muirhead Little. Traction is applied to chin and occiput in the long axis of body, curved wire spreader. Head of bed elevated 8 inches so that body acts as countertraction.

iter desires to thank Dr. Philip Lewin for as- the preparation of this paper.



Abbott frame of gaspipe for the application of casts.

able for the application of Abbott jackets, or for body casts applied in the recumbent position. The Hawley tables are one of the most useful pieces of apparatus ever devised for orthopaedic work.

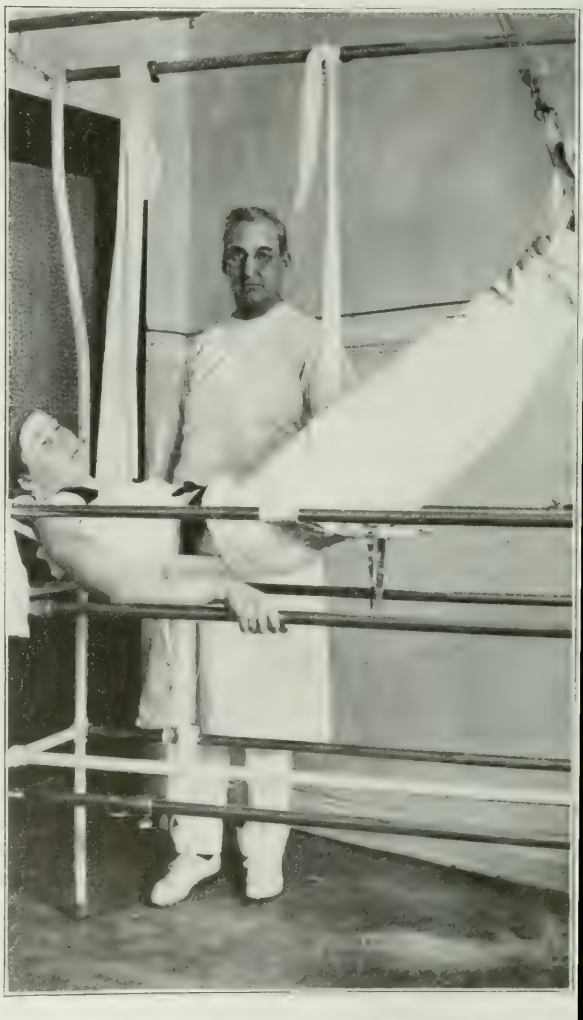
(3) The work room, where two nurses are kept busy practically continuously, is where the supplies are prepared. Here the crinoline is cut, the ravelings removed, the plaster rubbed into the meshes, and rolled into plaster bandages. These may be wrapped in paper napkins and left in large tin bread boxes. The sheet wadding is cut and either sewed end to end, or the moistened ends seared with a hot iron. Gauze dressings are cut by electricity. Many pairs of rubber gloves (some sterile) should be on hand. A table on the order of a kitchen table is very desirable in making plaster bandages.

The Supply Room

(4) The supply room contains one to four barrels of plaster of Paris. Crinoline in bolts, sheet wadding in large sheets, stockinette, three widths (three, eight, and twelve inches) in large rolls, and two or more varieties of felt are indispensable This room should also have plain mole-skin and resin adhesive; lead tapes for tracing spines, etc.; cloth tape measures; large plain paper for making outlines and drawings for braces; one or more wooden chests to keep supplies in; needles of various kinds; coarse and fine thread, indelible pencils, enamelled bowls, and various sized rectangular, tin, bread, or cake pans used in makin foot models; two or three ordinary tables, a su ply cart on wheels, containing a surgical tra stockinette, sheet wadding, bandages, rubbe gloves, plaster instruments, etc., and sever buckets for plaster, complete the equipment the plaster room.

- Bradford frames, various sizes and curves.
- Canvas covers for same.
- Tape lacings for same.
- Thomas splints.
- Arm splints.
- Wood for Buck's extension with holes, pulleys attached.
- Wood splint material.
- Balkan frames.
- Strap iron.
- Tin shears.
- Cold chisels.
- Crutches.
- Wood blocks.
- Pulleys.
- Weights.
- Rope.
- Spreaders—head, foot.
- Halters.
- Bar wrenches.
- Buckles.
- Adhesive.
- Webbing.
- Bread boxes for plaster bandage
- Wood blocks for shoes.
- Double inclined planes.
- Pliers.
- Saws.
- Screwdrivers.
- Hammers, magnetic.
- Vise, magnetic.
- Lead block for hammering fo plates.
- Nails.
- Screws, tacks.
- Bandages.
- Sandbags, various sizes.
- Large scissors—curved, straight.
- Plaster cutters.

(6) The doctors' dressing room should contai lockers, trousers, long-sleeved gowns, whis



Abbott frame, with patient in flexed supine position.

broom, bandages to be used as belts, safety pin wash bowl with towels and soap. (White Oxfor are preferable to tennis slippers.)

me of gas pipe for the application of body casts, with the in supine, prone, flexed or extended positions. Of especial n scoliosis, tuberculosis, trauma, or arthritis of spine.

ɔment:

able and attachments.
frame for casts.
rame.
and attachments.
saw and attachments.
g tables.
supplies.
ound room, with supplies.
les for nurses.
ints.
n splints.
splints.
lock.
t.
wrench.
ruments.
s.
utters.
Plaster knives.
Plaster pliers.
Large scissors.
Large knives for felt and crinoline.
Skeleton.
Medicine tray—benzine, gasoline.
Surgical tray:
Sterile dressings.
Bismuth.
Sterile instruments.
Sterile syringes.
Iodine.
Alcohol.
Powders.
Record cabinet.
Stretcher.
Wheel chair.

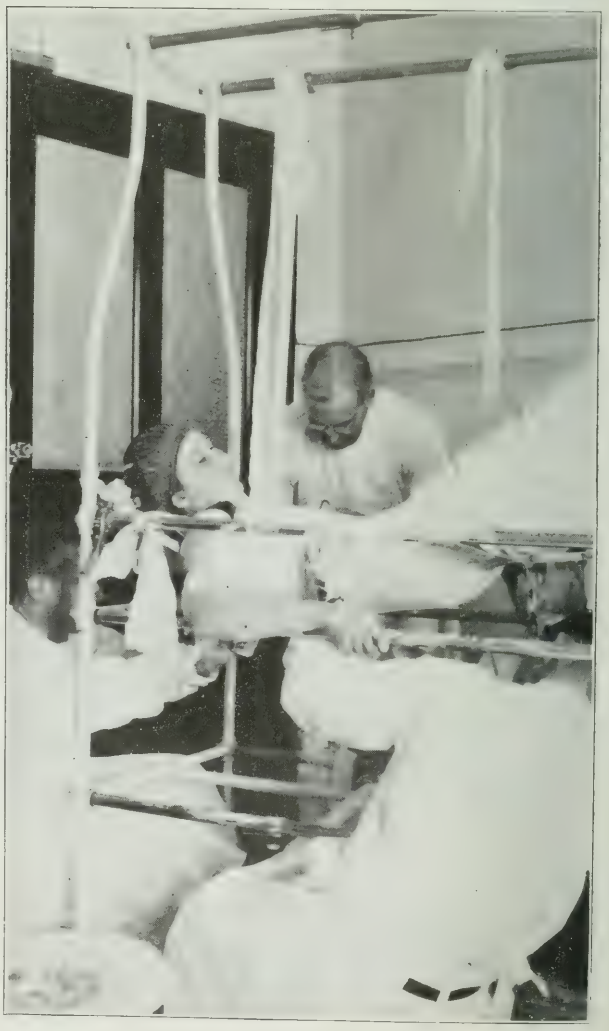
Records

of paramount importance that records be every case, and as complete as possible. o often does it occur that a patient who en seen months or years before, returns mination or further treatment, and it is ry to know the previous history and treat- Careful notes should be made in every case. sirable to have a cross-card index, that is, ng to patient's name, and diagnosis. Rec- ould be kept in a record cabinet and in ab- alphabetical order.

Social Service Department

Without a good social service department the orthopaedic service cannot be thoroughly efficient. It is necessary, first, from the standpoint of "follow-up" work, and second as it protects the hospital. A well-conducted and efficient social service department pays a home visit to every orthopaedic case, investigating the hygienic, sanitary, and financial situation, and is of mutual benefit to the patient, the hospital, and the doctor. "Follow-up" work is essential in bringing the patient back for frequent observation, and in carrying out the orders of the attending surgeon. It is the duty of the social service department to correlate the workings of the department with the affiliated organizations, such as, the university, dispensaries of the city, and the charitable organizations,—Public Health Service, School Nurses, and the Visiting Nurse Association.

There is no branch of medicine or surgery where the x-ray is of greater value than in orthopaedic surgery. As a part of the x-ray department there should be a photographic department.



By means of halter, traction is obtained from chin and occiput.

Upright gas pipe frame for application of body, head, or spica casts.

It is important to have frequent consultation with the other departments of the hospital, and especially with the general medicine, pediatrics, and the neurological departments. Occupational therapy is invaluable, not only for those patients who are ambulatory, but for those who are bed-ridden as well. Physio-therapy is undoubtedly of great value. Electro-therapy is of considerable value in selected cases.

PUBLIC HEALTH CLINICS, THE PHYSICIAN'S ALLY

"There is no question but that public dispensaries have at times been abused; but it is none the less true that wherever public clinics have been operated and associated with broad educational campaigns, enormous public good has been done and the members of the medical profession have directly profited," states C. St. Clair Drake, M.D., in his article, "The Doctor and the Public Health," appearing in the *Wisconsin Medical Journal.* "Wherever there is a good tuberculosis dispensary, private physicians find more requests for physical examinations; wherever infant welfare stations are operated, doctors are in more demand for the care of the children of the well-to-do; wherever there is a good venereal disease clinic, patent medicines, quackery, and counter-prescribing are discouraged and intelligent treatment is more generally sought from t medical profession. Opposition to such public health cli ics almost invariably disappears when the clinics are on fairly established."

DENTAL INFIRMARY REPORTS CLEAN TEETH ON THE INCREASE

The Director's Report to the Trustees of Forsyth Dent Infirmary for Children indicates greatly increased intere in clean teeth and good health. In the Oral Hygiene D partment a larger number of tooth brush drills and i structions have been given than during previous yea the work being more definitely organized and carried o through the efforts and interest of one of the graduat of the Training School. The number who were refus treatment on account of not presenting themselves to t clinic with clean teeth has been reduced to a minimu and fully 95 per cent of the cases coming regularly f treatment are doing so with teeth that show the resu of care. Also a large proportion of the six month return cases show that the almost compulsory habit cleaning the teeth established during the original series treatments has not been entirely forgotten. This is ve important, as otherwise the work in the dental clinic, filling and treating teeth, would result in only a tempora benefit to the child. In this connection great stress is la upon the fact that it is necessary for each child to fo the habit of cleaning his teeth rather than in any w to depend upon its being done for him by someone else stated periods. Earlier in the work of the clinic is w customary for the child to depend, and say that he d pended upon having the dentist clean his teeth for hi While this is done in the beginning, he is not allowed leave without an attempt at least being made to make h realize that hereafter this is something that he shou do for himself. The number of clean teeth and go health buttons given out during the year is considerab larger than last year, which shows an added interest this phase of work.

MASSACHUSETTS ORGANIZES CENTRAL HEALTH CORNER

All state health agencies in Massachusetts have be organized into a Central Health Council for the defin purpose of preventing duplication of activity and ov lapping of duties. At first, the work of the council w be only advisory, but it is hoped that in this capac counsel may result in the classification of the respecti functions of voluntary agencies and of health office A statement of problems and policies from each of t cooperating agencies for widespread knowledge of wh each proposes to do is logically the first step in such program. Public health nursing, medical and den groups, child welfare, tuberculosis, cancer, state and lo health officials, the American Public Health Associati and the American Red Cross are represented in t Health Council.

Like a great poet, Nature produces the greatest resu with the simplest means. These are simply a sun, flowe water, and love. Of course if the spectator be without t last, the whole will present but a pitiful appearan and, in that case, the sun is merely so many miles diameter, the trees are good for fuel, the flowers a classified by stamens, and the water is simply wet. Heine.

TIES AND RESPONSIBILITIES OF BOARDS OF TRUSTEES

By WARREN L. BABCOCK, M.D., Superintendent, The Grace Hospital, Detroit, Mich.

HOUGH the gen-
al duties and re-
ilities of hospital
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to be more than
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ndards of hospital
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ne and surgery,
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TRUSTEES' TASK SUPREMELY IMPORTANT

The increasingly difficult problems confronting the board of trustees of a modern hospital make its task not only supremely important and provident but also one to which it may dedicate its best energies and knowledge.

Because all considerations as to the site, construction, equipment and maintenance of a hospital are so intimately dependent upon future possibilities for growth—which are, in turn, often determined by mechanical, economic, and industrial conditions—decisions should always be the outcome of expert advice and impersonal professional deliberations.

oblems in the executive control of hospitals.
angement for the incorporation of the hos-
s the first duty of a board of trustees after
ization. State Corporation Acts for the in-
ration of business and commercial enter-
, usually have special provisions for the in-
ration of hospitals, societies, and associa-
maintained for charitable purposes, or not
cted for profit.

e articles of incorporation usually provide
he name, objects, aims and location of the
sed hospital or association be stated in full;
list of officers and members of the board of
es be included therein, together with time
nual meetings and period for which said
ration is incorporated. The corporate laws
me states also provide that the articles of
ation, and copies of the deed conveying title
perty, be included or attached.
er completion, the articles of incorporation
stomarily filed with the county clerk of the
y in which the hospital is located.

Selection of Site Important Problem

e selection of a site is of the utmost impor-
If the hospital is to be located in a large
lready provided with several hospitals, the
aphical and community needs should be con-
d. In locating hospitals in cities, localities
lready served by existing hospitals should
nsidered as preferential sites. Hospitals in
should be located adjacent to parks if pos-
sible. Nowadays, in the larger cities it is feasible to obtain sites fronting on city parks in various sections of the city. If possible to avoid, the site should not be directly on a street car line, although the location should be within a block or two of a main transportation line. Immediate proximity to manufacturing industries should be avoided on account of smoke, noise, and inartistic surroundings. Hospital facilities for industry, however, should be given consideration. Except in instances where downtown sites are necessary for emergency hospital service, a desirable neighborhood should be chosen, due attention being paid to building restrictions therein. With proper landscaping and attention to certain construction features, a hospital can be made an addition to even a desirable residential neighborhood.

Country or small town location for hospital sites should be chosen with due respect to proper elevation, drainage, and proximity to main roads or transportation lines. The element of quietness and privacy should also be considered, the latter being possible in a country location, though often impossible in cities.

Frequently the site of the hospital is provided by donation or bequest in which event the board of trustees should give consideration to its adaptability as a location. Unless the provision of the gift or bequest be specifically prohibitory, it may be desirable to sell the property for the purpose of locating elsewhere in a more desirable locality. It frequently happens that gift sites for hospitals are in commercial districts and distinctly unsuitable geographically and by reason of environment, for the care of the sick.

The committee in charge of the selection of site and location of the hospital, after being authorized to proceed, usually is given authority by the board to consummate a purchase. In cities, on account of the activity of real estate agents and

speculators, it is desirable that the prospective location and site of the hospital be kept secret, and that negotiation for same be in the hands of the attorneys of the hospital, or a real estate representative of the board of trustees. Options that will hold the property from six weeks to two months can usually be obtained and this time will give sufficient opportunity for the committee to secure the approval of the entire board.

Owing to the fact that few hospitals start out in their initial construction of work with an adequate sum of money to complete their program, it is essential that due consideration be given the cost of the site. It is believed that too often size of site and frontage is sacrificed for pecuniary considerations. In other words, it is desirable that space and frontage of sufficient width and depth be obtained in the beginning in order that a logical plan of development can be laid out from the start and carried forward in consecutive steps covering a period of many years. It is true that standards and styles of construction will change while this development is in progress. This is inevitable and certain adaptable provisions can be made therefor.

Construction, Equipment and Maintenance of Buildings

This is perhaps the greatest responsibility of a boards of trustees in its early functions. The subject is too broad to be covered in a paper of this character. It should be pointed out, however, that a board of trustees will fail in its duty to the public, to contributors, and to the objects of its future care, if it does not avail itself of the expert advice of trained hospital executives and hospital architects. Too often local considerations fetter and restrain the hands of the board. Friends of a local architect will push forward his services or his claims of recognition. A dominant physician will by force of personality and influence often prompt decisions during a construction period that are subsequently calamitous in the practical operation of the hospital. No money expended in the construction of the hospital will be spent to as good advantage as money expended for the expert services of trained hospital specialists and architects. The hospital architect may be engaged as a consultant, and as such guide the construction outline of the hospital in association with a local architect. For present purposes, a hospital architect is to be defined as an architect who limits his work to hospital planning. Too often a local architect will claim to have built this or that hospital and seek to establish an expert standing thereby. A doctor by no means becomes a specialist in the treatment of pneumonia or tuberculosis through the medical care of one case. An architect having built one hospital has no greater claims to specialization.

Usually the best results are obtained by the association of a trained hospital executive and a special hospital architect, the two working out together the problems of construction and organization, the latter, of course, being fundamentally dependent and interlocked with the former.

Initiation of Hospital Policies

It is desirable that a board of trustees define early in its career the policies of the hospital that it is about to organize. A statement in reference to hospital policies may appear in the constitution and by-laws, or be made by public announcement. The following at least should be given consideration:

(a) The policies of the hospital in reference to its operation as a closed, restricted, or so-called "open" hospital. If the accommodadations of the hospital are limited, it is well to define the percentage of beds that will be available for the use of non-staff physicians.

(b) The policy of the hospital in reference to the admission of free, part pay, and private patients.

(c) The by-laws should indicate qualifications necessary for the practice in the hospital of non-staff physicians and provide certain regulations for the admission of patients of non-staff physicians.

(d) The policy of the hospital in reference to the source of financial support.

Personnel and Staff

In order to have expert advice on the selection of a site and the construction of the hospital, the trustees should early consider the appointment of a trained hospital executive. It is desirable that this appointment be made before the plans for the buildings are approved, as the advice of a trained hospital executive in the development of the plans and the construction of the hospital is absolutely essential. If a full time trained hospital man is on the job early, he may be able to prevent the omission of many necessary construction items and avoid errors in interior planning that invariably occur in hospitals without expert supervision during the constructive period.

Superintendent.—As a superintendent, the trustees should endeavor to employ a man or woman of previous hospital training or experience. The by-laws should provide that the superintendent have direct executive authority over all the departments of the hospital, including professional

ents and the training school. The super-
t should be responsible only to the board
es of the hospital, and his responsibilities
not be subject to interference from
committees, whose functions may be
l or advisory. The by-laws should fur-
vide that the hospital executive be a mem-
he executive committee of the attending
staff, as a representative of the board of
. He or she should always meet with the
f trustees, at its regular monthly meet-
which time the operations of the hospital
preceding month may be presented in de-
he hospital executive or superintendent
e a guide to the trustees in the same sense
bank president guides a board of bank
s.

cal Staff.—Following the appointment of a
tendent or executive, the board of trustees
elect an attending medical staff. This staff
e representative of the various specialties
cine, and comprise only men of high stand-
the medical profession. Too often it has
served that boards of trustees in organiz-
e been forced from expediency or other-
o elect to staff membership, influential
ans or surgeons, whose standing or influ-
as been political rather than professional.
by-laws should provide for the annual re-
of the staff and its officers.

ciate Staff.—If an open hospital, provision
be made for an auxiliary or associate staff,
r officially to affiliate with the hospital, the
ent professional men who may be per-
to send patients thereto. The by-laws
provide for a definite staff organization
he lines approved by recent surveys.

rds of Administration and Financial Policy

necessary that the board early provide for
te and practical standards of administra-

An approved hospital bookkeeping and
accounting system.

A system of clinical records meeting ade-
quate standards.

A wage and time schedule.

latter will be a matter of gradual evolu-
d development.

fly the initial funds for the construction
uipment of a hospital are provided *in part*
uests, by donors, or by community solicita-
nd usually also, the ambitious construction
f the promoters and friends of the hospital,
the funds at their disposal. As a conse-
, the hospital is completed in debt, or a
guarantee of funds is necessary to insure completion. It should be the policy of a board of trustees of a general hospital to interest the public in the hospital. The character of propaganda or publicity should be given careful consideration. It is well from the beginning to consider a new general hospital, a community institution. If a new hospital is started in a town or city of ten to fifty thousand population, each citizen should be made to feel his responsibility therefor, to an equal degree with his responsibility for the care and maintenance of the water works or public library. The community should be asked from time to time to furnish voluntary funds for the necessary additions to hospital buildings, as the city increases in population.

Investment of Endowment Funds

This important function of the board of trustees is usually delegated to a finance committee, whose investments are subject to the approval of the entire board. The conservative principles governing the investment of funds for hospitals and charitable institutions should be rigorously adhered to. It should be the duty of the finance committee annually or semi-annually to review the investments with the idea of re-sale and reinvestment when made desirable by market conditions or other considerations.

Government and municipal bonds, first mortgages, and improved real estate represent the investments of choice.

The appraisal of buildings, the survey of fire insurance policies, the survey of methods of fire protection in use, and a general survey at intervals of all overhead expenses are responsibilities and functions of the board of trustees, at least in the beginning. The publication of an annual report with the proper presentation of the hospital problems will give a concrete presentation of accomplishments and a definite statement of purposes.

It is the responsibility of the board of trustees to see that preferential rates for patients are not given individuals other than those that give gratuitous service to the hospital in some degree.

Individual Duties of Trustees

Trustees who pride themselves on their well organized private enterprises, should see that the same principles of organization and business efficiency are carried out in the hospital under their supervision. Trusteeship should be considered as a deep public obligation, rather than an emolument or honor. The hospital trustee, individually, should

(1) Become better acquainted with the hospital he represents.

(2) Attend meetings of the board with reasonable regularity.
(3) Study and make acquaintance with the best hospital policies and practice.
(4) Visit different hospitals throughout the country.

The board of trustees by way of illustration, should be informed regularly as to

(a) How many sick applicants are rejected daily and why.
(b) Number of chronic cases in hospitals that tie up beds and why.
(c) The comparison between the daily average population of the hospital and the known official capacity, thus showing whether the capacity of the hospital is utilized to a full degree.
(d) The professional standing of members of the medical staff, etc.
(e) Whether the superintendent or executive avails himself or herself of modern or centralized methods in purchasing supplies, etc., etc.

Items (a) to (c) of above paragraphs should be included in the monthly report of the superintendent to the board of trustees.

Finally, it is a duty and responsibility of every board of trustees, to survey annually, the qualifications of its members, to replace inactive and disinterested members whose terms expire, with active laymen and women who will undertake the definite obligation of hospital trusteeship and will come to that obligation with a kind of consecration.

SOKOL CONSERVES CZECHO-SLOVAKS

The farthest reaching and best organized society in Czecho-Slovakia, according to the *Chicago Daily News*, are the Sokols, a national, non-political, liberal democratic society founded with the idea of fortifying the race through encouraging systematic physical and mental exercise. They have made a great effort for mental development of the people, and have libraries, conferences, lectures, and musical reunions as well as athletic events. Inspired with a mission to save his people, Dr. Tyrs, founder of the Sokols, in 1870 made this statement of their purpose:

We should strive to develop the habit of self-confidence, without preaching, versatility, or vanity. Our aim should be to save time through health, and to develop the esthetic in nature. Our devise is, "Eternal evolution or eternal dissatisfaction." While always striving to our utmost to win, we should be happy to have someone surpass us. The Sokol is not a choral, industrial, or scientific society; it is something for humanity.

Nations are to blame for their own weakness and destruction. The decision is made long before the test of the battlefield. Let us take as our motto, "Be first, or die on the way; all or nothing."

Women occupy a prominent place in the Sokol. Indeed, during the war, while the men were away, the women kept the organization intact. Some of the groups are headed by women. The Sokol tournament, recently closed, is the biggest event of the year in Czecho-Slovakia.

NURSES MAKE DENTAL HYGIENE EFFECTIVE

The necessity for teaching nurses dental hygiene has been adequately demonstrated by the percentage of disease cases directly traceable to lack of dental prophylaxis. It is estimated that three-fourths of the patients in hospitals need dental attention and that one-fourth would be greatly benefited by it.

The most effectual cooperation between the medical and dental professions insuring permanent employment of dental surgeons in the hospitals is the first step toward this control; but the establishment of a dental department in the hospital and the training of nurses in dental hygiene are the logical safe-guards for correct and efficient treatment.

Patients in hospitals give, as a rule, very little attention to their teeth, principally because sufficient emphasis is not laid on the subject by nurses and physicians. In the University of Minnesota hospital, where nurses are trained to teach the care of mouths and some even to do instrumentation to remove coarse calculus or tartar, patients are immediately provided with tooth brushes and instructed in the art of keeping the mouth clean. The brushes are hung at the head of the beds to serve as a conspicuous reminder. The nurse, sometimes by personal demonstration on her own mouth, can often induce such desire for dental cleanliness that a flow of pus can be checked and irritated gums soothed to a healthy condition in a short time after daily care is begun. Coarse deposits can be removed by nurses trained in instrumentation and the mouth of the patient made ready for the more delicate instrumentation of the dentist.

Thus the nurse's part in this important work of preventing secondary infections through vocal infection is more vital than that of any one man who is not constantly present to watch the daily dental toilet.

Training nurses to handle efficiently this part of their work is only making use for the patient's benefit of the knowledge we now possess.

CHANGE OF HOSPITAL FUNCTIONS

Prevention as well as cure must be the goal of the future successful hospital system. For any combination of early diagnosis and intelligent treatment institutions must have hospitals associated with them in which patients may benefit by opportunities for thorough research and by special knowledge. Hopeful signs that the general direction of medical practice as well as hospital management is toward prevention come from the report of the Consultative Council of the British Ministry of Health. Although the scheme here outlined for a change in the general character of a hospital is not practical in all respects, it does represent an ideal aimed at. To diagnose disease early and to prevent its subsequent development require not only the ordinary services of the general practitioner who is always in a position to see the inception of disease, but also hospitals with facilities for laboratories and clinical investigation so that the general practitioner may distinguish sharply the beginning of disease. Other hospitals, also available, provided with trained and experienced staffs and every kind of treatment would make possible consultations with specialists when obscure or particularly difficult cases were met with.

The young physician answered the 'phone, a beatific smile spread over his face as he listened, then replied:

"Very well, Mrs. Jones, I'll be right over."

Then hurrying to the office door, he called·

"Oh, Mary, my practice is sick again!"

HOSPITAL FIRES AND THEIR CAUSES*

By H. W. FORSTER

rs, Furnaces, Stoves, and Forges.—Heat-uipment is responsible for more fires in ional buildings than any other one cause, portion being over 20 per cent. In small ions, furnaces and boilers in the basement be located in fire-resistive rooms. They be set on non-combustible bases, and clearance should be provided between them woodwork. Wherever possible, heating ent should be installed in a separate, non-tible building, and needless to say, all heat-uipment should be properly supervised.

ree-story stone, wood-joisted building was d as a home for old people and orphans. as supplied by oil-fired boilers located in sement. One boiler was improperly sup- and fell, breaking a fuel oil pipe. A six-ear-old charge fires be- excited lled the extin- ing the instead utting the oil . The ing oil ed the ent and es were Had the been in olated house, ss of life would have been prevented.

Homeopathic State Hospital, Rittersville, Pa., showing excellent type of horizontal exit. It could be improved by making provision to use the passageway roof as a third story horizontal exit.

y often the hotel type of ranges, which are rovided with legs, are found installed on loors, with little or no protection. All floor-der such ranges should be entirely of non-tible construction.

ere institutions maintain a blacksmith shop, uld be well away from other buildings. stance was found where a blacksmith shop ed a hay barn, with no protection available.

nneys, Stacks, Stove Pipes, and Steam —All chimneys should have at least 8-inch brick walls and flue lining, except for one-story buildings with an ordinary stove where a chimney having a 4-inch wall and a flue lining is permissible. All chimneys should be supported directly on the ground. Chimneys and stove pipes should be thoroughly cleaned each fall before fires are started. Woodwork should in no case be bedded in chimney walls, and proper clearance should be provided about all stacks, stove pipes, and steam pipes. Stacks should be provided with spark arresters.

The danger of fire starting from the heat of steam pipes is not generally appreciated, and in many institutional buildings the steam pipes are found in contact with the woodwork of the floors and walls at many places. Sometimes wooden guards provided about radiators and steam pipes are in contact with hot metal. In one institution for insane the radiators have been boxed in to serve as seats. The danger lies in the heat of the steam pipes converting the wood into charcoal which takes fire spontaneously. It is very important that proper air space be provided about all pipes, and that these be suported so as not to come in contact with woodwork.

Stove pipes should never pass through closets, attics, or other concealed spaces; should have proper air space between them and the surrounding woodwork; should have all joints securely riveted, and should be properly supported.

Gas, Alcohol, Kerosene, and Electric Stoves.—Heaters of these types are used in dining rooms and nurses' quarters for warming dishes or for preparing special food. The hazards of the various fuels used in these heaters are discussed under separate headings. All such appliances, however, should be placed on non-combustible supports, with proper air space between them and all woodwork. Alcohol and kerosene heaters should be

The author desires to acknowledge material assistance in ration of this article rendered by Mr. C. W. Burnham, mem- e National Fire Protection Association's Committee on Public ion.

installment of an article by Mr. H. W. Foster reprinted by ermission from the April, 1920, Quarterly of the American ection Association.

kept clean, filled outside the buildings, and used only when necessary. Electricity or steam is much safer. In many institutions small heaters of these types are used very freely, often under unsafe conditions. The number used should be limited to those actually needed, and these should be frequently inspected to see that they are in proper order.

Electric bed warmers, found for the most part in private institutions, should never be used. Warm bricks or hot water bottles are preferable.

Fireplaces.—Where fireplaces are used, they should be very carefully safeguarded. At one state institution for feeble minded, open gas fireplaces were found in use. The hazard of such a condition is evident. Where fireplaces are permitted, close-fitting screens should be provided, and under no condition should hearths be placed over wooden flooring. Bedding should never be aired or dried before an open fire or close to a stove. Where rapid drying is desired, circulation of air by a fan is the safest method.

Laundries.—Fires have started from steam dryers in laundries, due to woodwork or clothing being in contact with the hot steam pipes. Clothes dryers should be of metal throughout, and steam pipes should be protected by wire screening. Gas mangles should be properly installed and the flames guarded. Where stoves are provided for heating irons, they should be carefully installed and attended.

Pilot lights should be installed in circuits to all electric irons, and the current should never be left on when irons are not in use. Gas irons should not be permitted. Non-combustible stands, with at least 6-inch clearance, should be provided for irons when not in use.

West wing of Grey Nunnery, Montreal, after the fire of Feb. 14, 1918. In spite of unusu heroism on the part of nuns and convalescent soldiers, one hundred children perish Lower picture shows room from which firemen removed forty little bodies.

Lighting

Electricity.—Undoubtedly electricity is the safest form of lighting for institutional buildings, but even where the original installation is good, there are many dangers to be guarded agains The percentage of fires from this cause is 7 ou of 100. In many respects, electricity acts lik water. Excessive voltage will break down insula tion, as too high pressures will burst hose. Fuse like safety valves, must be properly installed an maintained to prevent overloading. Kinks i wiring cause the insulation to break down, jus as kinks will cause bursting of hose under pres sure. Water, by gravity, seeks a common lev and must be held within bounds; so electric currents seek to equalize themselves and must b restrained by proper insulation. For these an many other reasons electrical installations shoul

in every detail with the requirements of onal Electric Code. All hazardous elec- tallations should be thoroughly gone over npetent electrician and put in proper or- is condition should then be maintained ent inspection.

e institution for insane, fire was caused mate tearing an electric fixture from the

s, especially the gas-filled type, often be- t enough to ignite woodwork, paper, or mbustible material with which they come ct.

ever there is danger of this, lamps should cted by wire guards. Paper or other com- shades should be prohibited. Where re hung on drop cords, these should not or twisted, or allowed to come in contact s pipes, nails, or other metal.

—Swinging brackets should not be allowed lames can possibly come in contact with , woodwork, or other combustible mate- All exposed flames should be protected by ards or shields. Where clearance over s less than 2 feet, heat bells or other spe- tection should be provided.

ble gas lamps should be avoided. If these reason are used, they should be of a type a broad, heavy base. Extensive tests con- by the U. S. Bureau of Standards show ch of the flexible tubing now on the mar- sists simply of paper covered with some f tar compound. Even with high grade tubing, leaks are likely to develop, or con- s may become loose. The use of tubing should therefore be prohibited, except bsolutely unavoidable, ly rigid pipe connec- ould be allowed.

meters should be prop- uported by non-com- brackets, and pipes meters should be with wire or metal conduct electrical cur- ground without pass- ough the meter itself. e of lead pipe should hibited. A fire was in a state institution ane by a lighted match thrown into oil mops stood underneath three ters. The burning mop a 2-inch lead gas pipe, ited the gas.

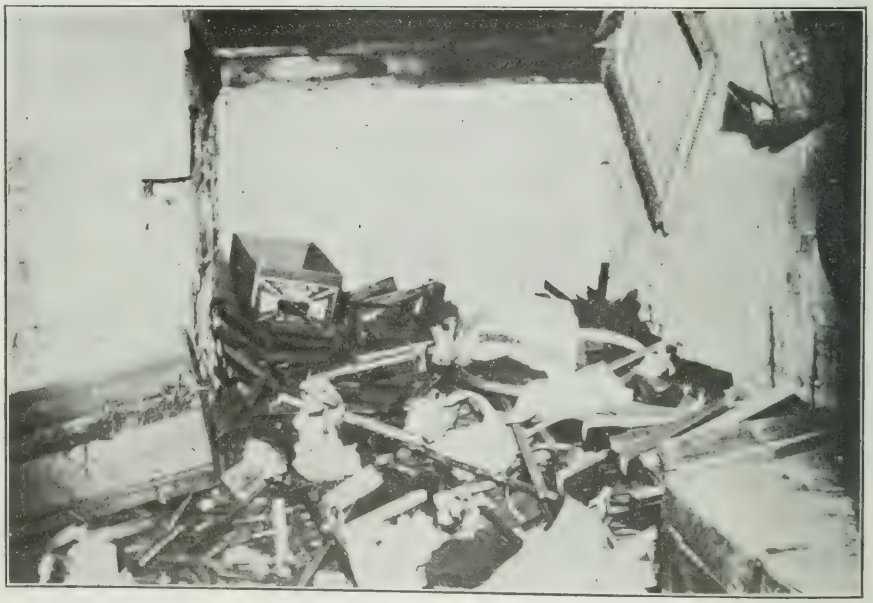
erous explosions and damage resulted before the gas could be turned off. Meters should be placed only at safe locations, away from all danger of fire, and sufficient valves should be provided to permit of immediately shutting off all supply of gas at the time of a fire.

Acetylene gas systems, if used in institutional buildings, should be in accordance with the rules of the National Fire Protection Association for installation and maintenance of such systems.

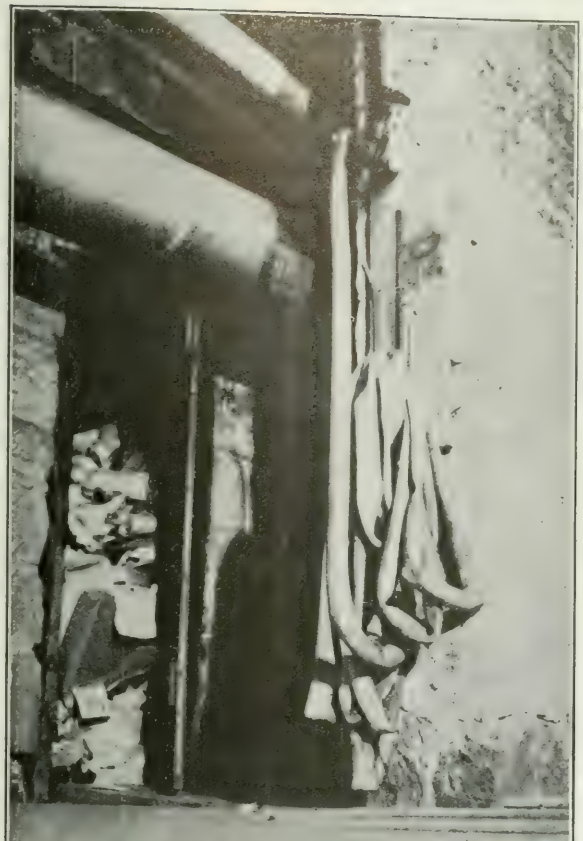
In children's homes and insane asylums, all flames should be out of reach of the inmates, and fixtures should be of a type requiring a special key to operate.

Kerosene Lamps.—The normal danger of kerosene lamps is greatly enhanced in some types of institutional buildings. One instance is recalled of a training school for blind children where kerosene lamps were in use, although electric lights were installed throughout. Another case was found where the frame buildings of an insane asylum were wired throughout for electricity but kerosene lamps of a poor type were in use and lanterns were kept burning for lighting the pipes of the patients.

Where it is necessary to use kerosene lamps temporarily, care should be taken to see that the burners fit tightly, that wicks are of proper length and width, that lamps are kept clean at all times, and that they are filled outside of main buildings. Metal fonts are preferable to glass fonts, as the latter are subject to breakage. Many bad accidents and fires have resulted from gasoline being used in lamps by mistake. Where oil lanterns are used they should be of the railroad type, having metal fonts and wire guards about globes.



The condition of the basement in an industrial home for girls. Rubbish, excelsior, waste paper, broken furniture, and only a wooden floor between this junk pile and an assembly room above which has inadequate exits.



The condition in the sub-basement of a school for the blind. Note the overfilled rubbish chute with wooden door, standing open, and a fire hose improperly hung, partly filled with water—certain to kink badly when used.

Lightning

The efficacy of lightning rod protection properly installed is clearly established by the records of the National Board of Fire Underwriters, which show that of the 121 fires in institutional buildings which were caused by lightning in two recent years none were in buildings provided with standard lightning rod protection. Lightning rod equipment is now tested and approved by underwriters' laboratories, and such approved equipment should be provided on all institutional buildings located at high or otherwise exposed points, especially those of frame construction.

Matches and Smoking

Smoking and careless handling of matches rank second only to heating equipment as a cause of fires in institutional buildings. One out of every eight fires is so caused. Safety matches should be used in preference to the "strike anywhere" type, and metal friction lighters should be used wherever possible for lighting gas lights and ranges. Irresponsible inmates should not be allowed to have matches in their possession.

Smoking should be strictly prohibited in buildings occupied by inmates, except at certain sa locations designated for smoking rooms. Eve where smoking rooms are provided, inmates co fined to beds are very likely to smoke surrept tiously, especially in convalescent hospitals, an such a practice should be guarded against. A tendants are often careless about smoking an the use of matches in their quarters, which ar frequently located on upper floors of combustib buildings. Smoking in bed should be absolutel prohibited, and preferably no smoking should b allowed in main buildings.

Open Fires

Rubbish, waste paper, and soiled dressings ar frequently burned in open fires in the yards. Be cause of danger from flying sparks such materia should preferably be burned under boilers or i properly constructed incinerators. Whereve necessary to build open fires, these should be care fully watched while burning and thoroughly ex tinguished before leaving.

Incendiarism

In institutional buildings there is considerabl danger of fires being started by vicious or irre sponsible inmates. Inmates should be carefull watched for incendiary tendencies and opportun ties for starting fires should be reduced to a min mum.

STUDY CAUSES OF LONGEVITY

A study of persons who have lived to be seventy yea of age or more has been undertaken by Benzion Libe M.D., D.P.H., 61 Hamilton Place, New York City, wi the purpose of discovering the cause why their liv have been longer than that of the average man, and the hope that conclusions may be reached which will he in the prolongation of the life of others. The collabor tion of physicians, public health officers and social wor ers is desired in order to bring together a large numb of observations. Those sufficiently interested in heal conservation to give this matter some of their time whe ever they meet an old man or an old woman will be su plied by Dr. Liber with copies of his questionnaire.

INFANTILE PARALYSIS PATIENTS RESTORED

Within the last fourteen months fourteen children wh were survivors of the epidemic of infantile paralysis 1916 have been discharged from the Post-Graduate Clini New York City, with full functions of locomotion r stored, and another contingent is making reasonable pro ress toward complete recovery, according to the *New Yo Times.*

Every one of these children was accepted at the clin at a time when his limbs showed no sign of life. A fe were operated upon, but the majority have been restore to health through scientific massage and proper nouris ment.

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Contributors, subscribers, and readers will find important information on advertising page 42.

E MODERN HOSPITAL LIBRARY

HE twenty years that have elapsed since the nization of the American Hospital Associa- the administration of hospitals and the that impinge on hospital administration een completely transformed. The Associa- self, which began as a mere handful of hos- xecutives meeting periodically for the pur- f informally exchanging views, has become erful and significant national organization, e of influencing legislation and the admin- ve policies of governmental departments; ed through the American Conference on al Service with the American Medical Asso- , the American College of Surgeons, the ic Hospital Association, the National e of Nursing Education, the Association of rial Physicians and Surgeons, and other national organizations; associated with nospital associations that increase each year nber and effectiveness; possessor of a per- t headquarters and an energetic and quali- xecutive staff; participant in the establish- of a central bureau of hospital information; r and supporter of a service bureau for dis- ies; and sponsor for nation-wide surveys cial departments of hospital work.

contributions of the American Medical Association to hospital development, and of the American College of Surgeons to hospital standardization are well known. Periodicals devoted to general hospital administration or to special phases of organized medical work are numerous and generally prosperous. At the present moment, a committee of hospital administrators and educational experts is engaged in a study for the purpose of determining the advisability and feasibility of establishing a teaching center adequate for the training of executives for hospitals large and small. Hospital consultants, for the most part self-trained, are rendering increasingly useful service. Industrial or plant medical organizations, diagnostic centers, and health centers, are multiplying rapidly and, together with hospital social service and public health nursing, are profoundly influencing the methods by which communities attack disease.

The need is apparent of systematically summing up the hospital activities of the past twenty years, of calling from a vast accumulation of fragmentary writings that which has permanent value, of interpreting the experience and announcing the mature judgment of capable and representative hospital administrators. The Modern Hospital Publishing Company proposes to serve this need through the publication of a series of practical handbooks to be known as the MODERN HOSPITAL LIBRARY and has been so fortunate as to secure from Dr. S. S. Goldwater, Director of Mount Sinai Hospital, New York, and former Hospital Consultant to the Board of Estimate and Apportionment and Commissioner of Health of the City of New York, assurances of his willingness to act as editor-in-chief of the series. Dr. Goldwater's editorial activities will be directed largely toward shaping the efforts of the authors in such a manner as to articulate the contents of the several volumes of the series, thus insuring a comprehensive treatment of the field without overlapping. It is the intention of the publishers, with the cooperation of the editor-in-chief, to secure as authors of the individual volumes men eminent in the hospital field, whose names will inspire confidence and whose ability to handle the topics assigned to them will be generally recognized. The names of the authors will be announced in the near future. The volumes thus far projected include the following:

(1) How to organize a hospital:

A guide for those interested in organizing hospitals; first steps in organization; preliminary survey to determine hospital needs; arousing community interest; appointment and organization of citizens' committee; methods of publicity; methods of securing capital funds; selection and organization of board of trustees; duties and responsibili-

ties of boards of trustees; choosing a superintendent; relationship of the trustees to the superintendent; auxiliary committee, their functions and their relations to the board of trustees.

(2) The elements of hospital planning:

A guide to the planning of general hospitals, large and small, for hospital superintendents, trustees, and architects.

(3) The equipment of the hospital:

A practical handbook discussing all the problems which arise in connection with equipping new hospitals, including detailed information regarding kinds and character of equipment for the various units of a hospital.

(4) The business side of hospital administration:

A study of the sources of hospital income; rate making for ward and private patients; purchasing; budgets making, auditing and accounting.

(5) Bringing the hospital up to date:

How to develop the scientific and therapeutic resources of the hospital. A guide to the equipment and management of laboratories of pathology bacteriology, serology, chemistry, radiology and cardiology, and of the departments of mechano-therapy, hydrotherapy, thermotherapy and electrotherapy. Medical efficiency, expense, and earning power separately considered.

(6) Nursing in the hospital:

A study of nursing as an administration problem in general and special hospitals, with and without training schools. The proper distribution of graduates, undergraduates, attendants, ward maids and orderlies. What each group costs and contributes; teaching, housing; the eight-hour day, and other administrative problems.

(7) Management of contagious diseases in hospitals:

A guide to the construction and routine administration of hospitals and wards for contagious diseases, with an appendix on the handling of communicable diseases in general hospitals, institutions, hotels, summer camps, summer resorts, and industrial establishments.

(8) Food in the hospital:

A guide to the purchase, preparation and serving of food for patients, doctors, nurses and employees, and to the construction and equipment of kitchens and serving rooms. A handbook for hospital executives, dealing with the most important single item in hospital expenditure.

(9) Records and record keeping:

Kinds of records, their preparation, their filing and indexing, their use, their preservation, including a discussion of the lay-out and equipment of record rooms; personnel of the record room; question of access to records.

(10) The law and the hospital:

A brief reference book for hospital superintendents, dealing with some of the major aspects of law as it relates to hospitals, including some of the more significant court decisions.

(11) The care of the sick in the United States:

A comprehensive review of organized medical effort, showing the part played by each type of hospital, dispensary, and nursing organization in combating disease; for hospitals, public health and community officials, and social workers.

(12) The industrial hospital:

Its organization, construction, equipment and administration.

Additions to the series will be announced from time to time, and in due course all of the problems of hospital administration that are capable of systematic exposition will be fully covered.

AMERICAN HOSPITAL ASSOCIATION MEETS AT MEDICAL CENTER

MONTREAL possesses peculiar advantages as a medical center and as such will make a especial appeal to delegates to the October meeting of the American Hospital Association. It has a population fast approaching a million inhabitants and constantly draws from the surrounding population of Quebec, Ontario, northern New York, and the New England States. As the leading port, commercial and railway center of Canada, much and varied clinical material flows yearly through its hospitals.

Of the English institutions, the Royal Victoria Hospital on Pine Avenue north of the College Campus, and the Montreal General Hospital, in the center of the city, with its newly acquired site for a private pavilion in the western part of the town, are the largest and most important. The Montreal General Hospital, besides its medical, surgical and special wards, commands the largest outdoor service outside of New York City on the continent. The Royal Victoria Hospital possesses in addition to its general wards and the Ross private pavilion, a special metabolism ward and laboratory for the study and treatment of diseases of metabolism.

As regards scientific investigation and teaching, both of these hospitals are in a peculiarly fortunate position. The autopsy service in both is larger than elsewhere on the continent and gives opportunity for correlation between clinical and anatomical material, thereby furnishing an abundance of material for teaching pathology and for training in laboratory methods preparatory to entering the clinical branches of medicine or to a career as pathologist.

In addition to these general hospitals, there exists the Maternity Hospital, the Alexandra Hospital for contagious diseases, the Children's Hospital, and the Foundling Hospital.

All these hospitals are intensively utilized by the McGill University for teaching purposes, and thus afford ample facilities for clinical lectures, ward classes, and laboratory instruction. The last three years in the study of medicine are entirely carried on in the hospital. Recently, more

aduate instruction is being further de- and opportunities for extension teaching benefit of practitioners is about to be in-

University, now known as the University eal, is at present about to enlarge greatly d on a new site. It is the great French University of this continent, and of portance in the midst of the population y two million French speaking people in vince of Quebec. With the recent endow- five million dollars raised by public sub- , and with large hospitals—the Hotel d the new Notre Dame Hospital—in pro- construction, it will command ample clin- pathological material for the French stu- f this province and take its place as an on of scientific training and research.

K UP ON YOUR FIRE HAZARDS

July number of THE MODERN HOSPITAL, r the caption, "Hospital Fires—Trustees' sibility," we published the first installment uthoritative article by Mr. H. W. Forster protection for hospitals, asylums, and sim- titutions, which appeared originally in the 1920, *Quarterly* of the National Fire Pro- Association. Additional installments are ng in current issues.

article, though long, is of such vital impor- o hospital superintendents and trustees e secured special permission from the Na- Fire Protection Association to publish the article, with its pictures, in the hope that ual may be the means of arousing superin- s and trustees to take every precaution oney and the modern methods and devices detection and fire prevention make possible tragedy by fire.

no hospital, not built of fire resistive ma- or otherwise sufficiently protected, is im- from the tragedy of fire must be painfully from a perusal of the list of fires which ded in the first installment of Mr. Forster's in the July issue and which he character- the high points in a twelve year record. are merely typical of several thousand that ccurred during that period. The data, rster indicates, is as accurate as generally uate fire records make possible. Quite rom the aggregate property loss, this brief ne records a loss of about two hundred and ves.

early sections of this paper cannot be re- as other than a severe indictment of hos- uthorities on grounds either of ignorance fference. It is the imperative duty of every hospital board whose institution is not really safe —and their number, especially among the older institutions, is large—to take immediate steps to make them safe. Hospital trustees and superintendents should study this article, acquaint themselves thoroughly with the causes of fire and their relative frequency, check up the various hazards with conditions in their own institutions, and then act.

THE WORK OF THE DIETITIAN

THE paper on Special Feeding of the Sick, by Dr. Louis Frank, on page 220, contains a number of points of interest to dietitians. Dr. Frank has some good ideas on special feeding of the sick, but he evidently has been unfortunate in his experience with dietitians, as he is not familiar with the work of the competent dietitian of today.

If it be "idiotic" or "preposterous" to trust the feeding of a diabetic or nephritic patient to a dietitian, there have been many instances of these patients receiving idiotic treatment and, judged by the customary standards, with highly satisfactory results.

The treatment of any disease of metabolism implies all that he states should be expected of a dietitian, but it implies another very important feature, namely, proper cooking of food. We have tables of food composition and food values which furnish us valuable data, but they tell us nothing of the percentage which may be made wholly unavailable for body use by improper cooking, or how much of the food accessories may be lost in the process of preparation and cooking. The well informed dietitian will see to it that the greatest possible percentage of every food principle is utilized by the body. Does this not require more than an elementary knowledge of chemistry?

The dietitian did "come in as the successor to the untrained hospital matron" and has now become the collaborator of the physician in many progressive hospitals.

HIS BEST WORK WHEN NOT WORKING

"A man often does his best work when not working," said a well known alienist in an instructive after-dinner talk to a gathering of business men. The average superintendent may not agree with him; he may admit that many a financial enterprise is consummated over the dinner table, and that many a business policy is formulated on the golf links, but an application of this principle to any phase of hospital administration, he feels is worthless.

In the past, perhaps he could have afforded to

maintain this mental attitude. It was not long ago when there was a prevalence among superintendents of the "clerk type." This type of man was lost in a mass of detail. His personality was submerged. He knew little or nothing of what was going on outside the hospital. He was familiar with affairs only through hearsay and his acquaintance was as limited as his vision.

There is today no accepted type of hospital superintendent. The type is still in process of evolution. There has been, however, of late years, a development of the trained superintendent which is remarkable. The modern superintendent, usually a physician, does at least part of the thinking of his institution. He is the engineer of the entire plant, and the spokesman in the hospital's relation to the public. This type of man is often a member of the Chamber of Commerce. He thinks forward and visualizes a hospital in its relation to the public now and to the public in the future. He works for the future. This man is never lost in detail. He trusts others to do their work and inspires them to produce the best that is in them. He makes every lick count.

This modern type of man sometimes seems to be one man with nothing particular to do, yet the fact is he is really working all the time and "he often does his best work when he is not working."

But when does the average superintendent do his or her best work? In the office, perhaps, or on inspection? Isn't there a chance to do better work by perhaps "not working," at least in the shop?

Wouldn't it mean much to the hospital if the superintendent should widen his acquaintance and points of personal contact? The joining of one or two clubs, the luncheons with business people, "the mingling in the market place," so to speak, will often give acquaintance to an institution with men and things.

The average superintendent may object that these things all cost money. Of course they do. So does any investment. But if sense is used, much can be done with modest expenditure. And what is more, were the clever superintendent to pick out the most successful business man on his board and confer with him about such an investment a way out of the financial difficulty might be found.

A balanced point of view and a broad knowledge and understanding are demanded of every executive in his every day life—the superintendent can make his leisure hours productive—can often do his best work when not working.

MR. BACON'S ROUND TABLE DISCUSSION

DELEGATES to the Montreal meeting of the American Hospital Association will welcome the announcement that Mr. Asa Bacon, superintendent of the Presbyterian Hospital, Chicago, Ill., will again act as chairman of the Round Table Discussion. At the Atlantic City and Cincinnati meetings these discussions were among the most instructive and successful features of the Convention. If this success is to be repeated at Montreal, members should be thinking over the problem upon which they desire information and send in their questions as far in advance as possible.

Requests for questions have already been sent from the headquarters of the American Hospital Association to a number of hospital superintendents, and a partial list of these will be published in the October issue of THE MODERN HOSPITAL in order that delegates may have an opportunity to think about them before they come to the round table discussion.

Experts on various phases of hospital construction, equipment, and administration have been invited to be present at this session, prepared to enter into the discussion of the topics with which they are most conversant. Their presence should make this session unusually successful.

TRUSTEES URGED TO SEND SUPERINTENDENTS TO MONTREAL CONVENTION

Dr. A. R. Warren, executive secretary of the American Hospital Association, has forwarded the following letter to every hospital in the United States and Canada.

To the President or Governing Head of the Hospitals of Canada and the United States:

You select and employ your superintendent with the idea of securing for your hospital the most efficient, skillful and up-to-date management possible. A limited amount of growth and progress in knowledge of hospital management can come from isolated personal experience, but this is often through the wasteful and expensive methods of "learning better from mistakes." Any improvement in the present management of your hospital must come through improvement in the knowledge and skill of your superintendent and it is to your interest to bring this about as rapidly as possible.

The Annual Convention of the American Hospital Association at Montreal, October 4 to 8, inclusive, gives you the opportunity to secure large results at small expense. Four days of papers on hospital problems and discussions by the best hospital men and women on this continent will prove to be a real course of instruction and lasting inspiration to better work.

The hospital will receive the benefit; so the hospital should pay the cost. Send your superintendent to this convention and pay the expense.

Yours truly,

A. R. WARNER,

Executive Secretary, American Hospital Association.

PUBLIC HEALTH CENTER OF ALAMEDA COUNTY

MISS ANNIE FLORENCE BROWN, MEMBER EXECUTIVE COMMITTEE, THE PUBLIC HEALTH CENTER, OAKLAND, CALIF.

OST among the many lessons America has de- rom our recent war stands the importance of the ent of public health. Attention has been called alth of our Nation by the fact that 35 per cent ca's young men of draft age were rejected from service by our first physical examination; an l 15 per cent were returned home after entering ing camps. This shows that approximately one- America's youth were found physically unfit for ice at the time of the Republic's greatest need. all sides has come the question: "What can be

ding of the Public Health Center of Alameda County, situated in Oakland, Calif.

remedy this condition?" The best answer to this *hat the only protection of individual health is community public health."*

Health Centers a New Development

most logical means of continuing the progress made ic health during the period of the war is the coordi- of forces promoting public health and developing nto the modern institution known as the Public Center.

war psychology that inspired large groups in com-

waiting for admission to the Social Service Department, Public Health Center of Alameda County.

munity service during the years 1917 and 1918 is now being utilized for community health service.

The Public Health Center is an organization which consolidates, administers, and increases the efficiency of public health, relief, welfare, and charitable work in the community. This is done by: (1) The consolidation, maintenance, and improvement of public clinics of all kinds; (2) the installation for their use of complete scientific laboratories; (3) the conducting of popular education in hygiene and sanitation; and (4) the elimination of duplication and overlapping of effort in the field of community service by coordinating relief and social service agencies through the maintenance of a central clearing house or confidential exchange.

Origin of Alameda County Health Center

Three factors were foremost in the minds of those who were present at the initial meeting held in Oakland, Calif., in 1918, for the organization of the Alameda County Public Health Center. They were (1) the need for better health instruction in our public schools; (2) the establishment of adequate dispensaries in the community; and (3) the coordination of existing public health organizations

Patients waiting at admission desk. Day and evening clinics are maintained.

in the county, chief among which was the Anti-Tuberculosis Association, which had been well established for a decade.

In June, 1918, a preliminary meeting, called for the purpose of organizing, was attended by the following persons: Mr. Fred M. Hunter, superintendent of schools of Oakland; Dr. Howard Morrow, clinical professor of dermatology, University of California Medical School; Dr. William E. Musgrave, director of hospitals, University of California; the late Dr. A. S. Kelly, then president of the Board of Education of Oakland; Miss Ethel Moore, president department of recreation of Oakland; Mrs. F. C. Turner, chairman of Alameda County Women's Committee of the State Council of Defense, and Miss Annie Florence Brown, former president of the Oakland Board of Education and secretary of the Alameda County Anti-

The Center operates a children's dental clinic where hygienists work with full-time dentists.

Tuberculosis Society. As a result of this meeting it was determined to urge that the health work of the public schools of Oakland and Berkeley, together with the work of the Anti-Tuberculosis Society of Alameda County, be placed under the direction of the proposed Health Center, which should be supervised by a director professionally trained in public health. The organization of the proposed new Health Center was outlined as set forth in Chart I.

It was further determined at this meeting to develop the Health Center under the direction of an advisory committee. The object of an Advisory Committee was three-fold: To avail the Health Center of scientific advice on technical subjects; to assure permanency and continuity of policy; and to relieve an institution local in its work from any cross currents of a purely local nature. The natural source of the personnel of this Committee was from the faculty of the State University. A presentation to the Board of Regents of the University of California of the plan of organization and operation of the proposed Health Center resulted in the appointment from the faculty of the Medical School and Department of Economics of the University of the following Advisory Committee: Dr. Herbert C. Moffitt, dean of the Medical School; Dr. Howard Morrow, clinical professor of dermatology; Dr. William E. Musgrave, director of hospitals; Dr. Jessica Piexetto, professor of social economics, and Miss Lucy Stebbins, assistant professor of social economics, all of the University of California.

Upon the appointment of the Advisory Committee each of the agencies in Alameda County performing health, relief, and welfare work was invited to send two representatives—one a professionally trained worker, the other a non-professional representative, to hold membership in and join in organizing the Board of Governors. Official representatives were sent from: Ten hospitals and dispensaries, ten relief organizations, two educational institutions, four public school systems, three chambers of commerce, six public welfare organizations, two probation boards, two labor organizations, four health departments, one bureau of occupations, the Alameda County Medical Association, the Alameda County Dental Association, the Alameda County Nurses' Association, and the Alameda County Psychopathic Association.

At this first meeting of the Board of Governors a Constitution was adopted defining the duties of delegates and vesting in the Board of Governors certain power to deal with questions of general policy. The Constitution sets forth the basis of organization. It is printed herewith.

Constitution of the Health Center

Article I

Name.—The name of this organization shall be "T Public Health Center of Alameda County."

Article II

Purpose of Organization.—The purpose of this Hea Center shall be the affiliation in one centralized organiz tion of such social agencies in Alameda County perfor ing health, relief, and welfare work as may desire become members, and by the coordination of the work these agencies to avoid duplication of effort, to increa efficiency in administration and to bring about more wi spread education in preventive medicine.

Article III

Membership.—The membership of this Health Cen shall consist of such organized agencies engaged in heal relief and welfare work in Alameda County as shall su scribe to the principles thereof.

There shall also be contributing members, consisting annual and life members, without votes. Annual me bers shall be those who pay annual dues of Five Dolla life members shall be those who pay not less than O Hundred Dollars.

Article IV

Board of Governors.—The Board of Governors sh constitute the governing body of this Health Center, whi said Board shall be composed of representatives from t several agencies having membership therein, each agen electing one representative, except that where such agen has a professional executive it shall be entitled to t representatives. One shall be selected by such agen from its non-professional members, and the second sh be its professional executive.

The members of this Board shall hold office for o year and thereafter until their successors are elected.

Nine members shall constitute a quorum.

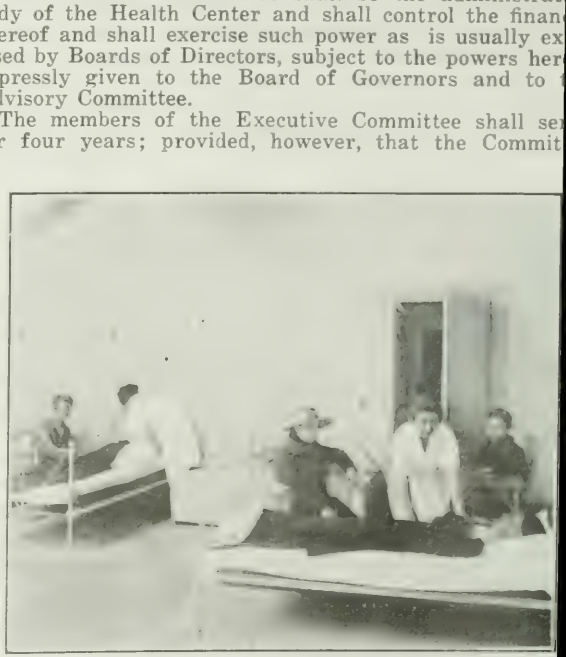
The Board of Governors shall deal with all questions general policy and management of the Health Center, a shall have full control thereof, save as the same is he after vested in the Executive Committee and in the A visory Committee.

Article V

Executive Committee.—There shall be an Executi Committee consisting of seven members elected by t Board of Governors, with the advice of the Advisory Co mittee.

The Executive Committee shall be the administrati body of the Health Center and shall control the finan thereof and shall exercise such power as is usually ex cised by Boards of Directors, subject to the powers her expressly given to the Board of Governors and to t Advisory Committee.

The members of the Executive Committee shall se for four years; provided, however, that the Commit



The children's recovery room was furnished by the pupils of "Rainbow Club," University High School, Oakland, Calif.

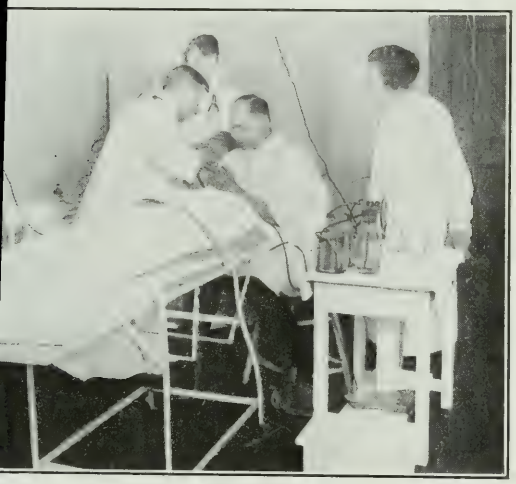
onstituted shall choose by lot two of their num-
rve for one year, two of their number to serve
years, two of their number to serve for three
d one of their number to serve for four years.
r as new members are appointed each shall serve
iod of four years.

ARTICLE VI

y Committee.—There shall be an Advisory Com-
ppointed by the Regents of the University of
a from the faculty of said University. The ma-
this Committee shall be members of the faculty
Medical School of the University of California.
hmittee shall act in an advisory capacity to the
e Committee on all questions affecting the work
enter; and the selection of the Director of the
nd heads of departments shall be made only by
e and with the consent of the Advisory Committee

ARTICLE VII

or of the Center.—There shall be a Director of
er appointed by the Executive Committee. The
shall be the Executive Officer of the Center, and
ect the several officers, departments and branches



peration under way at the Public Health Center of Alameda County, Oakland, Calif.

enter. Heads of departments and all officers of the subordinate to him shall be chosen only upon his endation with the approval of the Advisory Com- He shall exercise such other powers as shall be d upon him by the Executive Committee.

ARTICLE VIII

dments.—This Constitution or the By-Laws of this nay be amended by a two-thirds vote of those pres- regular or special meeting of the Board of Gov- provided, that written notice of such proposed ent shall have been previously given by mail to mber of the Board of Governors at his last known at least forty-eight hours prior to the time of eting.

Chas. E. Snook, president of the Alameda County berculosis Society, was elected chairman of the f Governors.

s of administration are left to the Executive Com- f seven members elected by the Board of Gov- Mr. Harrison S. Robinson was elected chairman xecutive Committee.

xecutive Committee, working in conjunction with sory Committee, selected as director of the Public Center of Alameda County, Dr. Richard A. Bolt, chief of the Bureau of Child Hygiene of Cleve-

being with the Health Center for six months, dur- rganization period, Dr. Bolt was called to Wash- D. C., to fill the position of general director of the American Child Hygiene Association. This vacancy was immediately filled by Dr. Alvin Powell, a graduate of the Medical School of the University of California, who, after a number of years of successful practice, gained a reputation for medical organization while acting as Lieutenant Colonel for Mobile Unit Number 1 which rendered operative service in France during our late war.

Temporary Health Center Building

The main Health Center is temporarily housed in a building at one time owned and occupied by the former Oakland College of Medicine. Here had been conducted for more than twenty years various clinics, both medical and dental, by a group of public spirited physicians who contributed not only their time, but also the funds for maintaining same. In a most generous and progressive spirit this Medical College presented the site, building, and equipment to the Public Health Center.

The Alameda County Medical Association has its headquarters in the Health Center building and has located therein its medical library and trained librarian. This medical library forms a nucleus from which will develop the educational work in hygiene, sanitation, and preventive medicine.

At present thirteen different clinics are being conducted in this building under the supervision of the Health Center.

Method of Operating Clinics

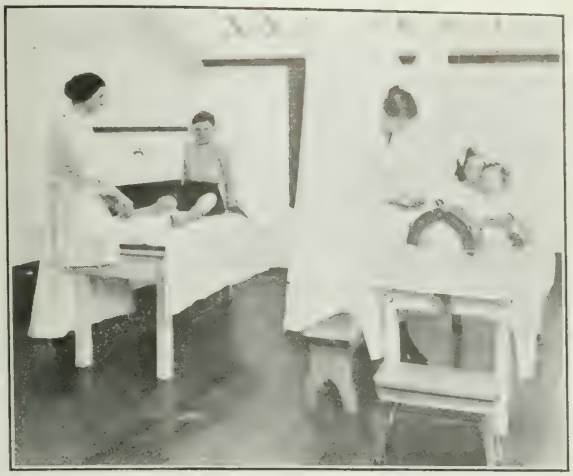
Invitations were issued to all members of the Alameda County Medical Society asking their cooperation and requesting them to state in what department of medicine they desired to work. These invitations met with unanimous acceptance. Clinical committees have been organized from the physicians of Alameda County. The staff is divided into a Consulting Staff and a Clinical Staff. Each clinic is under a chief from the Consultant Staff assisted by a sub-chief from the Clinical Staff.

Although clinics are operated mainly for school children, a full line of clinics is also maintained for adults. Persons occupied during the day by business and industry are

Medical Library in Public Health Center of Alameda County. Situated in Oakland, it has a very definite function as at present operated, and is the nucleus of a valuable public health library.

served at night clinics. Admission to these clinics is not entirely free, as a fee of twenty-five cents is charged each patient at entrance with a ten cent charge for all subsequent visits. Treatment at night clinics, however, carries a charge of fifty cents and one dollar.

Before admission to a clinic, a careful examination of



The gymnasium provides corrective exercises and helps create an enthusiasm for health.

The scientific laboratory serves both consultant and clinical staf and is always available.

each case is made by a well organized social service department (Chart II).

As each case leaves the Health Center it is carefully followed up by the Department of Social Service. A number of large hospitals in our community have turned over their social service work to the Health Center. The new County Hospital now under construction plans to have all admission of the patients through the Social Service Department of the Health Center.

In connection with this department there is being de-

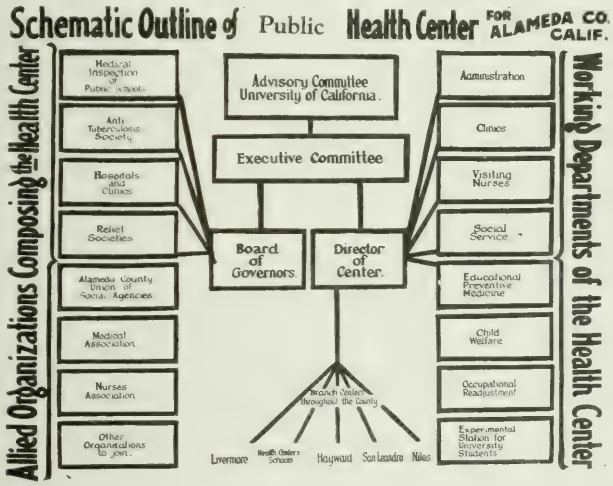


Chart I. The organization of the Health Center brought together the several agencies already in the field and rounded out the departments for complete health service.

veloped a clearing house or confidential exchange for clinical, nursing, and social service activities for other agencies in Alameda County as well as for the Health Center. A uniformity of record system and organization will thus coordinate the social service work of the county.

Main Health Center Building

A site covering a city block located at the civic center of our community has already been purchased. An active campaign is now being conducted under the chairmanship of Dr. Daniel Crosby, former health officer of Oakland, for a fund of $100,000 for a modern building.

The plans for this proposed building contemplate a two-story U-shaped structure with a central court. On the first floor will be the lobby, waiting rooms, and administrative offices. In one wing will be located rooms f dental, medical, surgical, and orthopedic clinics. Separa clinics will be provided for tuberculosis, with special wa ing rooms for men and women. Adjacent to this clin will be the executive offices of the Alameda County Tube culosis Society.

The opposite wing of the building will be devoted clinics for school children. In this wing will also be fou the administrative offices for the health development wo of the public schools, including offices for the public scho nurses. This department will be maintained largely school funds.

An important feature of the new Health Center buildi will be the large modern dental clinic and dental labor tories, where dental hygienists will work in conjuncti with full time dentists in preventive dentistry as well in actual dental operations.

On the second floor will be located the library and mee ing place for the Medical Association of Alameda Count On the same floor lecture halls well equipped with ste opticon and moving picture apparatus will afford amp opportunity for popular lectures on public health, hygie and sanitation. During the day hours will be given tal to all the grades of school children. The evenings will utilized for lectures to adults engaged in industries du ing the day.

Provision is being made for a department of dietet

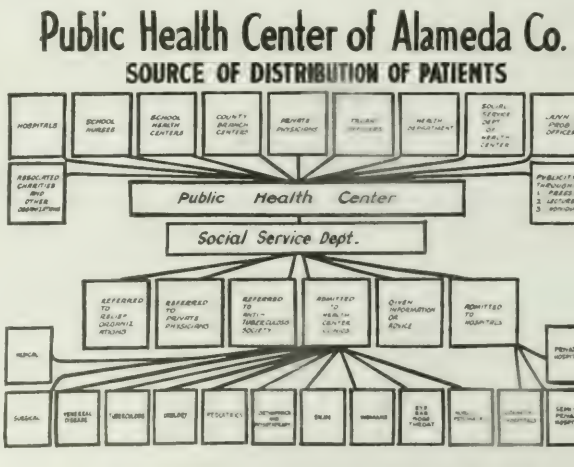


Chart II. Although operated mainly for children, full clinical p vision is made for adults, open in the evening as well as in daytime.

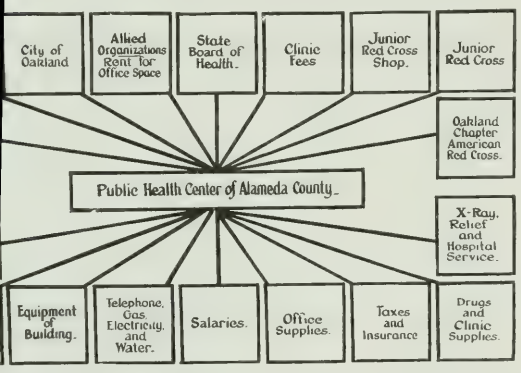
ruction will be given to mothers in the value of oods for children as well as for the sick.

Branch Health Centers

n the main Health Center is situated in Oakty of 216,361 population, the largest city in County; Berkeley, the seat of the State Uniith population of 55,868, has also its Health ich has developed from a well organized institun as the Berkeley Dispensary. Soon Alameda, sites proposed for the Pacific Coast Naval Base, opulation of 28,806, will also have its Health

us small towns remote from the populous dis- Alameda County have called upon the main enter for supervision in establishing Branch nters. A number of these are now in operain San Leandro, a town of 4,500 population; t Hayward, population 4,000; a third at Niles,

c Health Center of Alameda County
s and Expenditures for Fiscal Year 1919 · 1920.



The sources of revenue for the Health Center of Alameda are varied. The steady income provided bespeaks the genproval of the service. Assets and disbursements are diatically shown.

n 1,500. This latter Health Center will serve ve smaller towns covering a district known as the on Township. Plans are now in preparation for lishment of a Health Center at Livermore, popu-50, where is located a splendidly equipped insti- tuberculous patients, known as Arroyo Sani-

Health Centers in Schools

gested districts of the city of Oakland, where the element predominates, branch health centers "Well Baby Conferences," "Children's Clinics," ition Classes," and "Dental Clinics" have been ed directly in conjunction with the public schools. inics are often operated in cottages upon the emises and under the direction of the Director of th Center assisted by the school nurse. As the of the Health Department of the Public Schools he medical head of the Health Center, a fully deplan of Branch Health Centers in public schools be installed. Ultimately a school health center, e supervision of the school nurse, will serve the of three or four schools, thus carrying out the health center to a unit of population. Dr. Edna director of science of the public schools of Oakrendered most valuable service in the organizahe school Health Centers.

As the Health Center serves the population of the entire county, both children and adults, the County Board of Supervisors appropriates annually a sum of money for the maintenance of the clinics. A portion of the salary of the Director of the Health Center and the entire salary of the twelve school nurses are met by the Oakland School Department. The Oakland Chapter of the American Red Cross has given a generous donation toward the equipment of the Health Center. Within the next month five additional dental chairs, including complete dental equipment will be installed in our various Health Centers (Chart III).

A marvelous and ever increasing source of revenue is obtained from our former Red Cross shop, which at the close of the war was given to the Health Center for operation. On invitation from the Health Center the public schools of Oakland were asked to cooperate in gathering old clothes and salvage of every description. The shop is now known as the Junior Red Cross Shop, and each month yields a steady income of over $3,000, all of which is used for the health work of the children of our community. From a single drive of one of our high schools $2,000 worth of material was collected in one day. Much credit of this shop is due to the untiring efforts of its manager, Mrs. Brady Wolfe, who also rendered valuable war service to our community.

Ofttimes a monthly sum is given by the main Health Center to an adjacent town to start a branch health center, under the supervision of the Director of the County Health Center, but these towns as soon as possible finance their own health centers.

Until the community has learned the value of these health centers and asks for their establishment it is thought best not to urge too large an appropriation for this purpose. So, at present, most of these school health centers are financed by women's clubs, prominent among which are: the Oakland Club, the Home Club, Collegiate Alumnae, and New Century Club. The Mothers' Clubs are lending their effort in many directions to make these school health centers a success.

The Ebell Society of Oakland has taken upon itself as its Community Service work for 1920 the construction of the children's wing of the new health center building.

The greatest service which the people of Alameda County foresee for the Health Center is to aid in fostering the healthy growth and the sound physical development of every child within its border.

MEDICAL SERVICE FOR RURAL SICK

Solution of the problem of rural medicine may be found in the establishment of a community medical service analogous in all respects, where an adjustment of our ideas concerning practice is possible, to the system in Russia. Such a solution, implying as it does the release of the physician from competition and his consequent elevation to the rank of public servant sought and paid for by public funds, entails many alterations. It means the introduction of health centers, changes in systems of laboratory development, and reorganization of hospital and dispensary practice. These changes are almost diametrically opposed to some prevailing conditions, but are in harmony with the general tendencies of social organization.

There is a wisdom in this beyond the rules of physic. A man's own observation, what he finds good and what he finds hurt of, is the best physic to preserve health.—Bacon.

DR. BABCOCK REVIEWS HOSPITAL PROGRESS IN MICHIGAN*

The progress of events during the past year in the field of hospital work, in which members of this association have had a leading part, renders unnecessary a statement on my part as to the reasons and causes which gave birth to the Michigan Hospital Association.

In general, it may be stated that the local public has a newer and broader conception of hospital problems, a closer understanding of nursing education, and a keener perception of health activities as a result of your endeavors during the past year. Aside from your direct efforts and delegated field work, the publicity and propaganda that have been carried out have been far reaching. It is apparent to all interested in hospital work that the shortage of nurses throughout the country and shortage of beds in our large industrial cities have brought the problem of hospital care and nursing into many homes heretofore ignorant of both. The wide extension of public health work, social service, visiting nurse work, etc., has also produced public contacts with hospitals, dispensaries, and nursing to such an extent that nowadays there are relatively few families who have not in some manner or degree been reached by the widespread extension of these agencies.

Hospital administration has been forced to meet the rapidly ascending costs of maintenance. It is presumed that but few hospitals have failed to increase their ward and room rates, as well as other special charges. Trustees and executives have in some cases failed to provide the necessary funds for proper standards. Like all other increases in the cost of living, the burden of increased costs of hospital maintenance falls on the public, either individually or collectively. The budgets of community funds have been larger, the expenses of health administration greater, and our per capita costs have soared to figures that ten years ago would have been considered evidence of gross maladministration.

It may not be unreasonable to assume that all boards of trustees and all hospital executives have not met their responsibilities in this connection. In order to take an inventory of our shortcomings, let us cite a few examples of opportunities that have been presented during the past year:

Have you inspected the fire insurance policies of your hospital in the face of greatly advanced costs of reconstruction of buildings?

Have you studied the possibilities of the central or group purchase of supplies in order to take advantage of minimum prices that may be obtained by larger buying power?

Have you considered the desirability of large advance purchases in order to take advantage of opportunities for seasonable buying and governmental sales?

Did your hospital investigate the opportunities presented by the sale of Army and Navy provisions and supplies?

What attempts have you made, as a hospital executive, to interest your attending staff in the forward-progress program recommended by the committees of the American Hospital Association and the American College of Surgeons in reference to better clinical records?

Does your hospital meet the minimum requirements of the American College of Surgeons for a class "A" hospital?

Have you made it a part of your program to relieve the training school of your hospital of all unnecessary domestic service?

Have you adopted the pupil-nurse eight-hour day?

Our self-analysis could be extended indefinitely. Indeed, the number of problems pressing in upon us at the present time is so large that it is hardly possible for a single individual to encompass the situation.

A statement of events in hospital activities during the past year would be incomplete without a reference to the hospital and health survey undertaken in Cleveland under the auspices of the Cleveland Hospital Council. This survey got under way in December 1919, and will soon publish a report. While it was primarily undertaken for Cleveland hospitals, it is believed that its recommendations will have nation-wide influence. Cleveland hospitals are not different, in general, from hospitals in other cities. It is true that there are local problems peculiar to each city, but the general policies that promote good hospital administration have universal application, not circumscribed by locality or individuals.

Bed Shortage, a Serious Problem

The shortage of hospital beds in many of our larger cities is a real and pressing problem, more serious, perhaps, in this city than elsewhere. The influx of families from rural communities into large industrial centers has produced new problems in the protection of health and the care of the sick. Industrial surgery demands the extension of hospital bed capacity in large industrial centers. The point has been reached in Detroit and elsewhere wherein only the most serious cases of illness or the most emergent surgical conditions can be admitted to general hospitals during a considerable part of the year. Money is needed by the millions to relieve this condition. How shall it be provided? Bequests or gifts for the erection of new hospitals, or additions to existing hospitals, have not been forthcoming. The day has gone when we can calmly await the death of a prospective donor to provide the funds by bequest to meet our capital expenditures. May I express the opinion that the community in which the hospital functions has a definite and logical responsibility to provide the funds for hospital additions? Community giving for maintenance or capital expenditures should be under the control of a welfare federation or community union, and the organization should be backed by the Red Cross and other social agencies. No system of private control of public hospitals can be realized unless their managerial and executive authorities have the backing of the people in dollars sufficient to provide for the community's needs. The concentration of a drive for hospital funds in the hands of one organization at one annual period is a step in practical economics that can be hardly controverted.

Total Percentage of Beds Occupied

A recent participation in a hospital survey has brought forcibly to my attention a failure of some hospitals to fully utilize their entire bed capacity and equipment. In other words, the turnover of admissions and discharges has been carried out at a serious loss of patient's bed days. In cities where the total hospital bed capacity is inadequate, hospital executives should make every effort to close the gap between daily average population and hospital bed capacity. It has been shown normally that over 90 per cent of the hospital bed capacity can be utilized thirty days per month. This will necessitate a well organized admitting office, and the immediate cleaning of private rooms, including in large hospitals, a chambermaid service that will extend into the night hours. That this is a matter of extreme importance may be realized when it is known that only a single hospital of more than twenty surveyed could show a continuous daily average population for a period of thirty days that even approximated 90 per cent of bed capacity. In fact one hospital had a daily average population for the year 1919 of 56.2 per cent of its bed capacity, and this in a city that is short at least 1,000 hospital beds. It is true that there are several causes that may account for the extreme low average daily populations of some hospitals.

Average Duration of Treatment

The average duration of treatment of patients in general hospitals is another subject that should receive

*Excerpts from Dr. Babcock's presidential address given at the meeting of the Michigan Hospital Association, held in Detroit, June 8th and 9th, 1920.

inquiry by hospital executives. It is well known ty patients have a longer average duration of in general hospitals than pay patients. That self, which has been demonstrated statisically again, should keep us constantly checking the treatment in hospital, irrespective of the status s. The duration of treatment of patients in ill, of course, depend on the type of hospit r of surgical or obstetrical cases admitted, and ors relating to the type of illness treated. Hos- ch admit large numbers of patients for tonsil- ave low averages in duration of treatment.

Central Purchasing of Supplies

before closing, I desire to emphasize the advan- spitals of central purchasing. There is not a o large that it has a buying power equal to ded by a combination of hospitals. The Hos- au of Standards and Supplies of New York have ted over a period of nearly ten years that a le saving can be made. I am personally cog- the fact that annual dues of membership in the urchasing Bureau have been saved by a single through bureau contracts or agreements. The g bureau of the Cleveland Hospital Council, dur- od of approximately two years, has shown large its members. My experience has been so con- hat I strongly urge every hospital executive to self or herself of the earliest opportunity to e in a central purchasing bureau.

FECT OF RECENT HOSPITAL LEGISLATION IN OHIO

sixth annual conference of the Ohio Hos- ciation, H. J. Southmayd, Chief of the Bureau of , Ohio State Department of Health, spoke on ct of the Recent Hospital Legislation in Ohio." gislative measures, establishing an active rela- veen all hospitals, dispensaries, and the state nt, and authorizing the creation of a special n the state department of health to discharge ional obligations imposed by the legislative acts, a departure from the conventional form of legislation, of national import to the hospital n brief, the essentials of the measures enacted repeal of the statutory definition of "maternity ; the authorization of the commissioner of health and classify hospitals and dispensaries, public ate; the requirement of all hospitals and dis- to report annually to the state department of the requirement that the state department of ake a survey of the hospital and dispensary facili- ie state, as a basis for further legislative action. measures had their inception in the appointment untary committee by the governor at the eighty- General Assembly in 1917; the governor stated the assembly was unable to pass intelligently numerous measures being introduced relative al and hospital service owing to the lack of data on the subject involved, the appointment mmittee to provide this data was advisable.

ard to the state department of health, Mr. South- d the following to say:

rhaps should be said here that the state department had no part in the initiation, drafting or passage egislation. It is appreciated, however, that these offer an opportunity to contribute to the public the state, and as such, the discharge of their pro- vision is a proper function of this department, gladly undertaken. It is the fact that hospitals are factors in the public health that justify the state's interest in them. Considered as a whole, it is our belief that these provisions are simply the beginning of an effort to provide the public with more and better hospital service, the real end being the conservation of the public health. Our immediate duties we conceive to be the extension of maternity hospital supervision to include all institutions engaged in maternity work, and a thorough study of the hospital and dispensary facilities of the state."

With the repeal of the statutory definition of "maternity hospital," and with the authorizing of the commissioner of health to define and classify hospitals came the opportunity for correcting an injustice of long standing. Previous to the enactment of the present legislative measures a state law regarding maternity hospitals gave the state supervision over institutions engaged exclusively in maternity work and infant boarding, and provided for a license system. Minimum standards of hospital practice were established in connection with licensing, and were enforced in hospitals exclusively devoted to maternity work; however, institutions doing general work, and in addition accepting maternity cases were not touched by the law. Under the present measures, the commissioner of health has defined all institutions accepting maternity cases as "maternity hospitals," and has interpreted the intention of the present amendment as that of providing for state supervision of maternity work, and not of certain institutions engaged in that work.

To quote Mr. Southmayd: "The present purpose of the remainder of the new legislative measures, I have said, is a state wide survey of the existing hospital field as a basis for recommendations designed to provide the state with proper hospital facilities. Proper hospital facilities mean adequate bed capacity available in all parts of the state for general and special purposes and a higher average standard of service than is now found. This presumes that from a state wide viewpoint we are lacking in bed capacity and that the existing service might be improved."

In this regard Mr. Southmayd further stated that thirty counties are without hospitals for general purposes within their borders, while twenty-three are entirely without hospitals. "When the hospital service of the state is spoken of, we mean the service rendered by all institutions engaged in hospital work, extremes included. When we speak of improving the hospital service of the state, we mean not the improvement of the service given by each existing institution, but a raising of the average standard." . . . "Elimination of low standard service does not mean at all the elimination of any institution. Conversion of low standard service to a passable standard will serve a better end than eliminating the institution in which such service may be found. The latter plan would reduce the already inadequate bed capacity. It will therefore be the policy of the state department of health to make such recommendations as are consistent with higher standards and adequate capacity. I think we might well be guided by the precept: all hospital beds not a hazard to the public health and morals shall be retained."

In view of the possible existence of institutions doing hospital work hazardous to the public health, the most feasible solution of the higher average standard is the establishment and enforcement of minimum standards.

To enable the Bureau of Hospitals to make intelligent recommendations leading to practical results, close cooperation on the part of the hospitals is urged by Mr. Southmayd. That this cooperation has been forthcoming has

been proven by the fact that in response to the questionnaires sent to 275 hospitals in the state, 90 per cent were filled out and returned to the bureau. The data thus obtained were more or less complete; however, the bureau has been assured that more complete reports will be rendered in the future. Concerning the method by which the state department of health hopes to retain the cooperation of the hospitals, Mr. Southmayd says: "It will be our policy in the future, as it has been in the past, to consult with representatives of hospital interests before coming to any conclusions or making any decisions of consequence.

"In general, the state department of health recognizes an obligation to two important groups which constitute the public—that group which receives hospital care, the general public; and that group of men and women who are financially, professionally, and charitably interested in the hospital. As an executive department of the state we are bound to consider the rights of both groups."

In reviewing the work of the Bureau of Hospitals, Mr. Southmayd stated that the initial step was that of registration of hospitals. To facilitate this, a mailing list of hospitals in operation was compiled; of the 285 hospitals in the state, 253 registered, the estimated bed capacity of which is 31,800, or 97 per cent of the total listed.

"We have not attempted as yet to formally define the term 'hospital' for the purpose of the present legislation. This is deemed inadvisable until a thorough study of the question is made. If a question of whether an institution is or is not a hospital arises, we take recourse in the generally accepted legal definition, which states that a hospital is an 'institution for the reception and care of sick, wounded, aged or infirm persons.'

"Our experience with the annual report has been related. As yet we have been unable to make any tabulation from these reports save one of hospital cost per patient per day, which was prepared as a basis for an appeal by your executive committee to the state industrial commission for a higher rate to be paid hospitals by that commission. The average cost of hospital service, as shown by this report, is $3.94 per patient per day. This, I believe, is the most practical piece of work we have done to date, and it illustrates at least one way in which the bureau of hospitals can be of service to you. I might add, too, that we have recently collected and abstracted the present laws of the state as they relate to hospitals and that copies of this compend and abstract have been furnished your legislative committee. In these and many other ways the Bureau of Hospitals will be able to serve hospit as a legitimate part of its duties."

SPOTTING LIFE-SAVING STATIONS ON TH MAP OF ILLINOIS

By WALTER D. THURBER, Managing Director of the Illin Tuberculosis Association

Contrary to what seems to be a popular belief, t rapid growth of the tuberculosis sanatorium movement Illinois has not been sudden, nor is it of the mushro variety. Neither is it a happen so, like Topsy of t well-known Uncle Tom's Cabin.

Such hastily formed conjectures seem to find their ba in the fact that the visible, the tangible, the concrete e dences of this growth have materialized largely during past two years.

As a matter of fact the development of the tuber losis sanatorium movement in Illinois is the result years of toil by a few pioneer workers whose ranks ha gradually increased year by year. Now the organi tuberculosis movement in this state, as represented by Illinois Tuberculosis Association and its nearly three sc of local societies, has reached a point where the resu achieved are beginning to attract wide-spread attent and favorable comment.

Our original pioneers began to blaze the trail in 19 The Illinois State Medical Society, in that year, deci to support an experiment to be conducted at Ottawa Dr. J. W. Pettit for the purpose of proving—if possi —that tuberculosis could be treated successfully in t state.

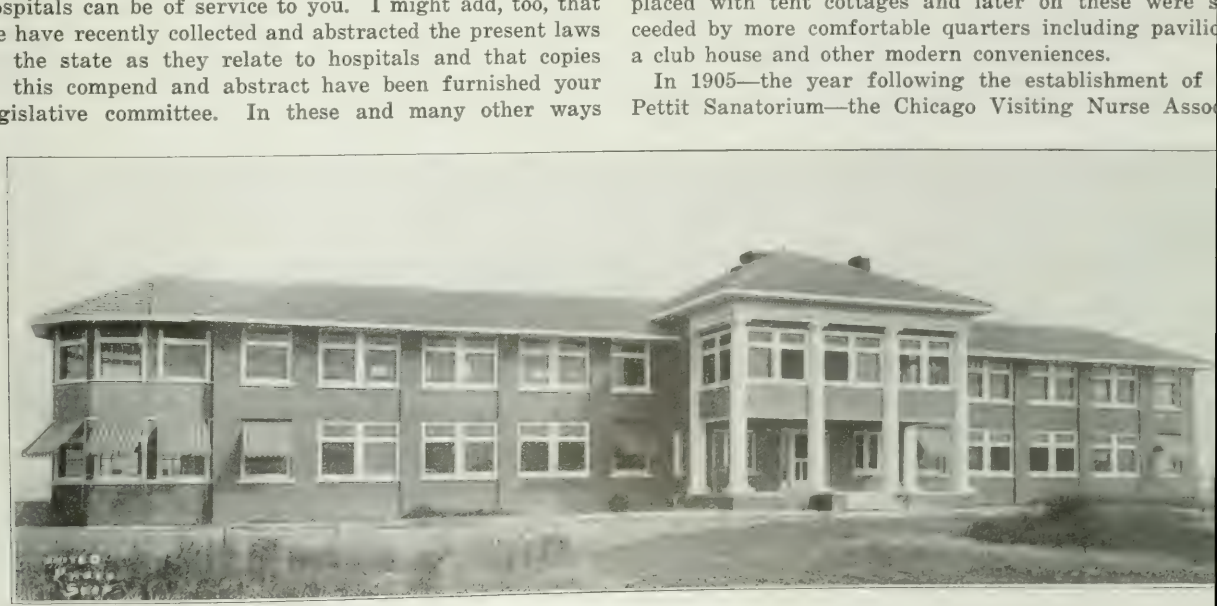
The experiment was a success.

It has been said that the equipment for the exp ment consisted of ten army tents and "a vision." T part of the equipment consisting of the ten army tents v exceedingly primitive. But the vision was broad, f reaching, constructive and years ahead of its time.

It was demonstrated beyond a doubt that tuberculo could be successfully treated in Illinois and the gr Middle West, and thus a door of hope was opened to th sands of consumptives who lacked the funds with wh to pursue "the cure" in far distant states with a v advertised "climate."

The primitive equipment first used at Ottawa was placed with tent cottages and later on these were s ceeded by more comfortable quarters including pavili a club house and other modern conveniences.

In 1905—the year following the establishment of Pettit Sanatorium—the Chicago Visiting Nurse Asso



"Fairview," McLean County Tuberculosis Sanatorium, Ottawa, Illinois

"Highland," La Salle County Tuberculosis Sanatorium, Ottawa, Illinois

ened a summer camp for consumptives at Glencoe
r. Theodore B. Sachs as Medical Director. The
here were equally encouraging and led to the
shing of the Edward Sanatorium at Naperville in
This institution was founded by Mrs. Keith Spald-
d given to the Chicago Tuberculosis Institute, which
ues to conduct it.

Chicago Fresh Air Hospital was built in 1910 under
edical direction of Dr. Ethan Allen Gray, until the
ng of the great municipal sanatorium in Chicago
5, was the largest institution of its kind in that sec-
f the state.

er the Springfield Open Air Colony founded by Dr.
e Thomas Palmer in 1913, was erected. At that
it was the only tuberculosis sanatorium in Illinois
of Ottawa and La Salle. Its growth has been
y and its popularity has increased year by year.
y it is one of a group of institutions known as the
er Sanatoria.

en came the Chicago-Winfield sanatorium operated
e Jewish Consumptive Relief Society, the Harrison
culosis Colony at Collinsville conducted by Dr. M.
Iarrison, and the Tuberculosis wing of the Olney
tal conducted by the Doctors Weber.

Early Opposition to Movement

anti-tuberculosis campaigning required courage in
early days, the undaunted courage of the true
der.

ne was when Ottawa citizens demanded that the
traction company bar passengers going to and from
olony, because of an unreasoning fear that such
ngers would transmit some sort of a "plague"
ghout the community.

ne was when certain citizens of Naperville threatened
ction proceedings to prevent the building of the
rd Sanatorium.

ne was when country folk and others whipped up
horses when driving past the Springfield Open Air
y through fear that they would "catch something"
ugh the colony buildings were a block back from
oad.

at a change there is today!

lay the Ottawa Sanatorium, the destinies of which
till guided by Doctor Pettit, has become one of the
places of the community. Local citizens point to it
pride. And real estate in the vicinity has become
sirable that the management has been forced to buy
ge strip of adjoining land in order to keep the resi-
section at a comfortable distance from the insti-
n.

lay the Springfield Open Air Colony has a twin sister, "The Homestead," located in the heart of the city which welcomed it with open arms, and visitors to the state capital are taken to the Palmer Santatoria on any sight-seeing trip which may be proposed.

Today the city of Naperville considers the Edward Sanatorium as one of its chief assets, and every possible support is given the institution which once was considered a menace.

Today the popularity of the Chicago Fresh Air Hospital is fully attested by the demand for homes in its vicinity. In a new subdivision, recently opened, the lots nearest the hospital brought the highest prices.

And about the same sort of a story could be told about the other pioneer sanatoria and their builders in various parts of the state.

Campaign of Educating Public

This change in public sentiment may be attributed in part to the fact that during the past eight years, and, more particularly during the past four years, the Illinois Tuberculosis Association has devoted a large part of its effort to a state-wide campaign of education.

It found many bug-a-boos to overcome.

The old fashioned notion that tuberculosis was an inherited disease and that, once inherited, the victim was doomed, was more widespread than one would think. Then there was the fear that the victim of tuberculosis would in some way be disgraced if his trouble became known. Another was a mistaken idea that consumptives should go to a different climate." It didn't matter much "where," except that it be away from "here." These were only a few of the foolish notions that the volunteer tuberculosis agencies had to fight.

A large part of the educational campaign of the state tuberculosis association and its various local societies centered around the Illinois county tuberculosis sanatorium law enacted in 1915, one of the best pieces of legislation of the kind ever enacted in any state.

The Right to Build Municipal Sanatoria

A somewhat similar law giving cities the right to build municipal sanatoria was placed on the statute books in 1908. In substance these laws provide for a popular vote on the proposition of levying a tax for the purpose of building, equipping and maintaining a tuberculosis sanitarium, visiting nurse service, clinics, and dispensary. Sanatoria built under this law cannot be connected with public institutions which care for the paupers of the community.

Under the provision of the law the people vote the taxes to support the sanatorium in the same spirit in

which they vote taxes to maintain the public school system, the police and fire departments, and other community enterprises which any citizen may use at any time.

Four Illinois cities, Chicago, Peoria, Rockford, and Rock Island, have built and are maintaining municipal tuberculosis sanatoria. Forty Illinois counties have voted to build county tuberculosis sanatoria. Of these, two—La Salle County and McLean County—are in operation.

In Morgan, Adams and Tazewell Counties the buildings are under construction and plans have been drawn for sanatoria in twenty other counties in this group.

Points Brought Out in the Campaign

In the educational campaign conducted by the Illinois Tuberculosis Association and its local committees preceding the elections in these communities, the following points were emphasized:

1—Tuberculosis is no respecter of persons; it strikes rich and poor, young and old, city dweller and farm dweller.

2—Tuberculosis can be successfully treated in Illinois.

3—A tuberculosis sanatorium, supported by all the people, is for use by all the people on exactly the same principle that the public schools, the fire department, the post-office, and the libraries are for the use of all the people.

4—A vote for the sanatorium tax is a vote to save lives, but a vote against the tax is essentially a refusal to save lives.

5—The average per capita cost of the sanatorium tax is approximately the same as the price of one square meal a year.

6—Take this home to yourself—if you or some member of your family becomes tuberculous, where will you go for care?

Our plan of campaign for these sanatoria provided for the organization of a county central committee with subcommittees covering the various phases of the work. In nearly every county, tuberculosis surveys, tuberculosis clinics, short talks on tuberculosis prevention before all sorts of local groups, as well as health exercises in the schools, were prominently featured. One of the most concrete evidences of the results of these campaigns is the total of $1,124,900 levied by thirty-three counties in September, 1919, for use by the several county sanatorium boards.

Since the various sanatorium boards, which have been created as the result of these elections, are official bodies, the questions concerning their procedure including sanatorium plans, equipment, methods, and management are now being cleared through the Illinois State Department of Public Health.

These official agencies, however, still keep in close touch with the volunteer tuberculosis movement as represented by the Illinois Tuberculosis Association and its various affiliated local societies.

The state association offers without charge to the sanatorium boards the services of its consulting architect, its department of medical service, its department of surveys, and its supervising nurses. In every instance a definite plan of cooperation and coordination of work is being developed between the sanatorium boards and local tuberculosis societies.

The present tuberculosis sanatorium facilities in Illinois— except such provision as is made for the tuberculous inmates of certain state institutions—include the following:

Sanatoria Now in Operation

Name of Institution	Location	Numb of Be
Chicago Municipal	Chicago	1,3
Cook County	Oak Forest	7
*Ottawa Tuberculosis Colony	Ottawa	
*Springfield Open Air Colony	Springfield	
*The Homestead	Springfield	
La Salle County	Ottawa	
*Chicago Fresh Air	Chicago	1
*Edward Sanatorium	Naperville	1
*Chicago-Winfield	Winfield	1
McLean County	Normal	
*Harrison Tuberculosis Colony	Collinsville	
*St. John's	Riverton	
Peoria Municipal	Peoria	
*Ridge Farm Preventorium	Deerfield	
*Home for Convalescent Children	West Chicago	
Rockford Municipal	Rockford	
*Olney Hospital (wards)	Olney	
Total		2,8

Sanatoria Under Construction

Name of Institution	Location	Numb of Be
Adams County	Quincy	
Morgan County	Jacksonville	
Tazewell County	Mackinaw	
Total		1

Sanatoria Provided For and Tentatively Planned

Kane County	Piatt County	Douglas County
Lee County	Logan County	Christian Count
Livingston County	DeKalb County	Ogle County
Macon County	McDonough County	Woodford Count
Winnebago County	Stephenson County	Henry County
Jefferson County	Clay County	

The above table may be summarized by saying that the present time the number of beds available in Illino for the tuberculous is 2,864 to which may be added 1 beds in the county sanatoria now under construction or total of 2,982.

Assuming the seventeen new county sanatoria, whi it is proposed to construct during the present year, ha an average capacity of 30 beds, it will be seen the tot provision for Illinois consumptives at the end of 1920 w be approximately 3,492 beds as compared with an avera of more than 8,000 deaths per year from tuberculosis.

On the basis of the general accepted standard by whi it is shown that a community should provide one bed f consumptives for each yearly average death, it is se that Illinois up to the present time has met just abo forty-two per cent of its obligation to provide adequa sanatorium care for its tuberculous people.

Meanwhile the state tuberculosis association is develo ing sanatorium campaigns in a large group of addition counties which will vote on the sanatorium tax propo tion at the election in November, 1920.

The private tuberculosis sanatoria, mentioned at t beginning of this article as pioneers, are still setting t pace. Methods of management are constantly being i proved, and comforts and conveniences for the patien are being added.

The public institutions, by following the experience these veterans in the sanatorium field, are omitting ma mistakes which they otherwise would make and, by t

(Note: * indicates private sanatorium.)

Milwaukee County General Hospital Plan Selected. Van Ryn and De Gelleke, Armstrong and De Gelleke, Associated Architects.

e token, are giving better service to the public than y would have otherwise been qualified to give.

LWAUKEE COUNTY GENERAL HOSPITAL PLANS SELECTED

The buildings of the Milwaukee County General Hos-al are to be erected in the city of Milwaukee, on a e bounded by Grand Avenue, Wells Street, 24th and h Streets, size of block 490x480.

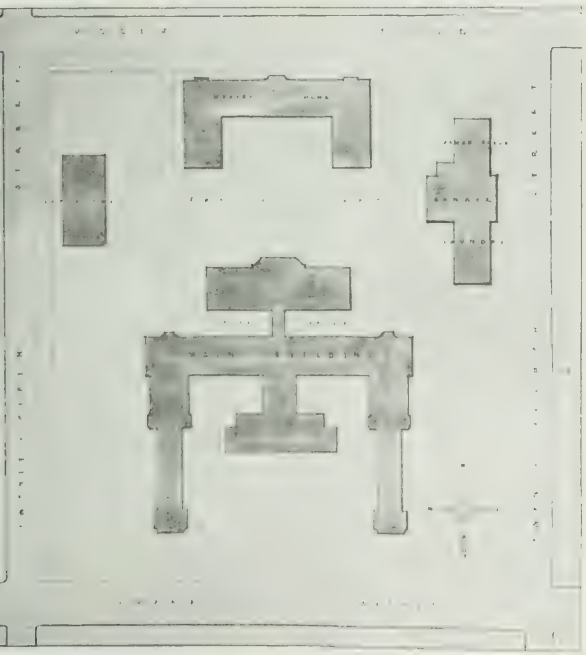
The main hospital building will take care of 500 beds, h a view to a future extension of an additional 500 s. The following departments in this building have n planned so that they are of sufficient size for a 00-bed hospital; that is, the administration department, the operating department, the culinary and dining room department, and check room.

The nurses' home will be planned to accommodate 100 pupil nurses and 36 graduate nurses, with a view to a future extension of facilities to accommodate this number of pupils and graduate nurses.

The power house and laundry have been planned for 1,000-bed hospital. The Garage building will accommodate not less than 15 automobiles.

The laboratory building will contain autopsy room, morgue, rooms for funeral purposes, pathological museum, bacteriological examination room, and such other rooms as will make this building a complete working unit in itself.

A tunnel of sufficient size and conveniently located will be provided to connect the main hospital building, with the laboratory building, and the building containing the power house, the garage, and the laundry.



Plot plan of the Milwaukee County General Hospital.

SPRINGFIELD HOSPITAL ADOPTS STANDARDIZATION PROGRAM

The Springfield Hospital Staff and Board of Trustees in order to meet the requirements of the Hospital Standardization Board adopted the program which follows:

1. That no physician or surgeon who divides fees be allowed to practice in the Springfield Hospital.

2. That the Staff file autopsy reports with the case records; that the senior house officer obtain permission for autopsy in house cases; that the medical attendant in private cases obtain consent of family for autopsy.

3. That the attending physician or surgeon or his assistant be required to be present at the autopsy of cases under his charge to observe the findings and confer with pathologist concerning the same.

4. That the pathological, bacteriological and x-ray findings be given to the record clerk as soon as completed to be filed with the patient's record after the discharge of the patient.

5. That the physical examination of ward patients be made and recorded by the house officer and that it be the duty of the assistant surgeon and physician to instruct the house officers in taking histories and making examinations,

and that they be responsible for the same in their respective services.

6. That the attending physician or surgeon in private cases be held responsible for the records of his patients.

7. That the surgeon's pre-operative diagnosis be posted by the operating supervisor in operating room in advance of operation.

8. That the post-operative diagnosis must be recorded at the close of the operation.

9. That follow-up records be kept by the record clerk.

10. That throat smears and other examinations in regard to infection be made of all children admitted to the children's department. Vaginal smears shall be made in suspicious cases.

11. That it is the duty of the chiefs of service to instruct the house officers at the bedside upon the salient points of diagnosis and management of cases.

12. That the superintendent keep a record of the house officers regarding their personal conduct and professional ability.

13. That a committee of five be appointed annually by the trustees on recommendation of the staff, and this committee shall require that the proper methods of efficiency be maintained throughout the hospital.

(The program up to this point was put into effect by the staff and the trustees in February, 1918.)

14. A meeting to be held each month of the entire group of physicians and surgeons who have treated cases in the hospital during the month preceding, a written notice to be sent all members of the group three days before the date of the meeting.

15. At these meetings, the clinical experience of the group in the various departments of the hospital shall be reviewed and analyzed, the basis of such review and analysis being the clinical records of all patients, both pay and free.

16. That membership upon the group be restricted to physicians and surgeons who are competent in their respective fields and worthy in character.

17. A summary of the month's casualties, such as deaths, infections and complications, shall be prepared by the registrar of the hospital for the use and convenience of the group meetings, and this summary shall become a part of the permanent hospital records. The above summary shall contain the following data.

a. Serial case number of patient.

b. Name of physician or surgeon under whose service the casualty occurred.

c. Percentage of casualties to the number of cases treated that month by physician or surgeon concerned.

d. Nature of casualty, *i. e.*, death, infection or complication, etc.

e. Diagnosis, pre- and post-operative.

f. Nature of operation, if any.

18. Chairman of the efficiency committee, or in his absence some member of that committee designated by him, shall preside at the group meetings.

19. The secretary of the group shall be appointed by the chairman of the efficiency committee.

20. All tissue removed at operation shall be sent to the Pathological Laboratory.

Order of Procedure of Group Meetings

1. Presentation of interesting pathological material collected through the month, with such remarks concerning same as pathologist deems helpful.

2. Reading of registrar's casualty report and discussion of same by physicians and surgeons responsible for the case or cases in question. The details as shown by the case histories and the testimony of those concerned should be carefully considered by the group in order that it be determined, as far as possible, whether the fault lay with the doctor, the patient, the disease, or the hospital organization or equipment.

3. A report of the registrar of the month's follow-up work and discussion of same. The acid test for the determination of the result of treatment should be whether the patient is relieved of the symptoms for which treatment was sought. For the purpose of group discussion, the relieved cases should be disregarded and the failures alone considered. To this end the registrar should promptly give the names of the unrelieved patients to the doctor concerned, that he may investigate and report at the next group meeting. A list of the failures reported during the preceding month should be given the chairman for presentation to the group.

4. Opportunity should be given for report of cases of special interest which have been treated during the month.

THE HOSPITAL SITUATION IN ENGLAND AND WALES AT A GLANCE

By SIR NAPIER BURNETT, K.B.E., M.D.

Sir Arthur Stanley, chairman of the British Red Cross Society, at a meeting of the secretaries and house governors of the provincial hospitals, held at St. Thomas's Hospital on Jan. 23, 1920, intimated that if the voluntary hospitals would accept the assistance of the Joint Council of the Red Cross Society and the Order of St. John, then such work would be embodied in the peace programme of the two associations working jointly as they did during the war. The hospitals represented at the meeting gladly accepted this offer of the Red Cross, and thereafter it was decided to ascertain to what extent the hospitals were in difficulty, and this has been done by means of a survey. The object of the survey was twofold —namely, to show (*a*) something of the volume of work done by each individual hospital during the year 1919; and (*b*) the present financial position. The data set out below have been supplied either direct by the hospital secretary or abstracted from the hospital annual report.

The Situation of 550 Provincial Hospitals

Throughout the 55 counties (England and Wales) 550 hospitals have been dealt with up to date, approximately 78 per cent of the voluntary civil hospitals, omitting those dealing exclusively with tuberculosis. The voluntary hospitals in London are not included in the present survey, as it was felt that for many years the London hospitals have enjoyed the benefit of the great collecting organizations, such as King Edward's Hospital Fund, the Hospital Sunday Fund, the Hospital Saturday Fund, and the League of Mercy. The provincial hospitals have had no such central funds, and this fact suggested priority of assistance being given to these institutions.

Tabular Statement of the Survey

A.—*Volume of Work Done*

Of the 550 hospitals reviewed—

507 hospitals have 29,821 available beds.

498 hospitals treated 350,459 in-patients during the year.

376 hospitals treated 1,600,869 out-patients during the year.

296 hospitals with 23,621 beds had a daily average occupation of 18,705.36 beds (=79 per cent).

374 hospitals show 219,196 surgical operations during the year.

68 hospitals give figures showing the nature of cases

ted—namely, medical cases, 7,034 (21 per cent of l); surgical cases, 26,466 (79 per cent of total).

B.—*Financial Position*

itals show ordinary income £2,835,269.
itals show ordinary expenditure £3,310,896.
Excess of expenditure over income, £475,627.
details of ordinary income:—
itals show as workmen's contributions, direct or ugh Saturday Fund, £451,426 (=15.92% of ordi- y income of 543 hospitals).
itals show as patients' contributions, £214,570 .56% of ordinary income of 543 hospitals).
itals show as Public Services (e.g., War Office, sions Ministry, Borough or County Councils), ,890 (=18.91% of ordinary income of 543 hos- ls).
pitals show an interest from investments, £423,- (=14.92% of ordinary income of 543 hospitals).
tal from these four sources, £1,606,930 (= 56.67% rdinary income of 543 hospitals).
se 543 hospital accounts analyzed—
itals show invested capital as £9,585,865, yielding ual interest £340,529.
itals show £33,706 as annual interest, but show capital.
itals show no capital or interest.

Depreciation of Invested Funds

ospitals show invested capital as....£306,956
rket value at end of 1919 being..... 248,199

Depreciation in value.....£ 58,757

last item is shown merely in answer to a criticism e hospitals in their present financial difficulty realize some of their capital. Some few hospitals tually been obliged to take this course, but only w. The figures indicate that the hospitals cannot o unload their stock in the present state of the

der to show the situation more clearly, I have the hospitals into the following groups, namely:—
A.—Large General Hospitals of 100 beds or over.
B.—Medium-sized Hospitals of from 30 to 100 beds.
C.—Small or Cottage Hospitals of under 30 beds.
D.—Special Hospitals.
E.—Out-patient Clinics.

s	No. of beds.	Average No. of beds to each hospital	Total ordinary income.	Total ordinary expend.	Excess of expend. over income.	Excess of income over expend.
	15,958	194.60	£1,615,291	£1,970,976	£355,685	—
	4,724	54.29	£436,331	£476,049	£39,718	—
	3,355	13.97	£289,489	£276,855	—	£12,634
	5,784	59.02	£458,309	£540,227	£81,918	—
ensaries. 43		New out-patients. 165,159	£51,838	£50,598	—	£1,240

Comments on the Survey Figures

figures brought out in the survey may be regarded ng with "the facts" of the situation, and are issued st installment dealing with some 550 hospitals—or imately 78 per cent of all provincial hospitals—a sufficiently broad basis to draw conclusions from. Further details will be published at a later date showing more particularly the voluntary hospitals, with their figures in each individual county in reference to population, etc.

Two additional figures, not shown in the above statement, were taken out, namely:—(*a*) the average length of stay in hospital of each in-patient; (*b*) the average annual cost per occupied bed.

The methods employed by some of the hospitals in ascertaining these data varied so much that I had no option but to discard the results. For example, some hospitals included their "tonsil and adenoid" cases—usually in hospital only 24 hours—while other hospitals excluded these in arriving at their "average length of stay" figure. Again, in regard to "cost per occupied bed" I found that some hospitals included the cost of out-patients, while others deducted such expenditure, so that I concluded the figures, for purposes of comparison, were unreliable.

The volume of work done at the 550 hospitals reviewed shows that approximately 2 million patients received treatment during the year. The figure shown for out-patients indicates individual cases, and is not merely a record of "attendance."

During the war, owing to depleted clerical staff, many of the hospitals allowed certain details to lapse from their records. Hence it is that only 296 of the 550 hospitals give the "average daily occupation of beds"; but where it has been given it reveals the high occupation of 79 per cent. This is undoubtedly high when taken for the whole year, during part of which, as a rule, some ward or wards are closed for cleaning or disinfection purposes.

A further testimony of the enormous volume of work done in these hospitals is seen in the figure of 219,196 surgical operations during the year. These included both major and minor operations where an anesthetic has been employed, but do not include dental operations.

One other interesting figure is shown under the ratio of medical to surgical cases treated. It is true that only some 68 hospitals give these figures, but they are sufficiently numerous to indicate present-day tendency towards catering for surgical work.

Turning to the financial position, it will be seen that the excess of expenditure over income for the hospitals under review amounts to £475,627. Approximately 75 per cent of this deficit belongs to the large general hospitals of 100 beds or over, of which there are 82 in number. It would appear from these figures that big hospitals situated in the populous industrial centers are supplying a much larger service than is recognized by the local communities. The classification of the hospitals reviewed into groups according to their number of beds brings out more clearly the financial position.

The difficulties at present being experienced by the voluntary hospitals may be grouped under three headings—namely (a) need of increased financial support; (b) need of increased bed accommodation; (c) need of increased supply of nurses.

Appended hereto is a suggested scheme for assisting the voluntary civil hospitals.

Outline of Scheme for Assisting the Voluntary Civil Hospitals

This scheme and a scheme for other work were set out in the peace programme of the Joint Council of British Red Cross and Order of St. John.

1. Hospital survey, to consist of:

(a) Data showing the volume of work done during the year 1919 in each individual hospital.

(b) The financial statement of each hospital, showing

ordinary income and expenditure, invested funds, annual cost per bed, etc.

(c) Showing by maps the hospital situation in each country in ratio of beds to population.

2. Public appeal for funds, £1,000,000 per annum being aimed at. The money, it is hoped, will be raised from the following sources, viz:

(a) Public appeal through the press, etc., for individual subscriptions.

(b) Public appeal and personal canvass of business firms, pointing out to commercial organizations the point of view that, by setting aside each year a certain sum of money for distribution amongst charities, may be regarded as a reasonable tax on industry, and that by handing such sums to the Red Cross organization for distribution they may be assured that the money will be distributed where it is most needed, or if ear-marked for certain districts it will be so distributed, and thus relieve the business man of the uncertainty of knowing who is in most need of his support.

(c) Public appeal through the great national collecting agency, known during the war as "Our Day" organization.

The allocation of grants to hospitals will be made by a Grants Committee, on the recommendation of the Director of Hospital Services, after investigation of such matters as:

(a) The efficiency of the hospital administration.

(b) How far the hospital is meeting the needs of the locality.

(c) As to its buying on scientific lines, prices paid, etc.

(d) As to adequate payment of its nursing staff, always provided that the standard of training is of the highest.

3. Cooperative buying of hospital commodities.

4. Coordinating the hospitals into groups in counties or other areas. In every county or district there is the large central hospital which may be called the "key" hospital, and it is hoped to arrange with the smaller county and cottage hospitals to become coordinated with the key hospital by having a working arrangement as to:

(a) Transport of patients.

(b) The central hospital to receive severe cases from the smaller hospitals and return of slighter cases to the cottage hospitals and convalescent homes.

(c) All pathological and bacteriological work of each group of hospitals to be arranged for at the central hospital. No hospital would receive a grant from the Joint Council unless some such arrangements for the investigation of disease existed.

5. Circulation of statistical and other hospital information from the Central Bureau.

6. Convalescent hospitals.—To give every encouragement for the establishment of convalescent hospitals in the country for the dual purpose of pre-hospital and post-hospital care.

7. Meetings to be arranged in each county with the object of disseminating knowledge and stimulating interest in all matters pertaining to public health.

By means of some such scheme as that outlined above, it is hoped to assist in the development of a national coordinated hospital system for the cure and prevention of disease.

The things of the imagination do not die, but change with the changing hours—as the wild parsley and the hyacinth come into the wood at the first flute-notes of April, and were as young last year, or will be under the yet unfallen dews, as they were a thousand years ago, in Arcadian valleys or in the glens of the Gael.—*Fiona Macleod.*

RED CROSS OPENS HOSPITAL IN BELGIUM

A general hospital has been established by the Red Cross at Houton where the Belgian General Headquarters were located during the war. It will be maintained permanently, and will provide care for thirty patients. A similar institution will soon be ready for occupancy at Roulers. The cornerstone was laid on King Albert's birthday, in the presence of Belgian dignitaries and Red Cross officials from Paris Headquarters. Two hundred Belgian children who are proteges of the Junior Red Cross of America sang the Belgian and American national anthems. This modern structure is built of brick, and besides containing a fully-equipped medical and surgical dispensary, a maternity school, operating room, small ward for the reception of serious cases, a tuberculosis department, and facilities for sterilizing, delousing, and bathing, it will provide visiting physicians for the local population. In its entirety, it will perform invaluable service to the people of this part of Belgium.

Dispensaries, maternity stations, school colonies, and war orphanages have been established throughout the devastated area, from Ypres to Nieuport, which are being supported, in whole or in part, by the American Red Cross. Throughout the last winter, the Red Cross provided food, clothing, and education for hundreds of poor children.

INSTRUCTIVE VISITING NURSE ASSOCIATION OF WASHINGTON, D. C.

The Instructive Visiting Nurse Association of Washington, D. C., began its work about twenty years ago as an endowed society working among the indigent sick. Its field later broadened in response to a gradually increasing demand for its services among those who though not able to pay for the full time of trained nurses were able to pay a little and preferred to pay a fee of from ten cents to seventy-five cents a visit. More recently it has again extended its scope by adding an hourly nursing service for the benefit of people of better incomes but still too small to enable them to pay the ordinary nursing fee.

Hourly nursing is done by private nurses in Washington for a fee of $2 an hour for the first hour and $1 for each hour thereafter. The Instructive Visiting Nurse Association gives hourly service to those unable to pay this fee, at $1 an hour and fifty cents for each hour thereafter. There is also a maternity service; the charge for the nurse's attendance at the delivery is $5.

The recent influenza epidemic led to the organization of a supervised attendant service. This fee for the service of an attendant is $3 a day or $18 a week, and $1.50 a week for supervision. The society collects the fees, the attendant being forbidden to handle payments. The requirements of an attendant are merely that she shall be clean, obedient, and able to give baths, douches, and enemas. An acute case is never entrusted to an attendant.

The society now has sixteen nurses and about forty attendants on its staff.

Little Johnny was to have his tonsils removed, and had been very brave up to the moment the ether cone was adjusted. Then he expostulated, but the anesthetist explained:

"Just take two or three long breaths and you'll be soon asleep."

Johnny breathed thrice, then somewhat breathlessly cried:

"Here, stop that ether! I'm asleep and dreaming."

Hints to Hospital Superintendents

Decreasing Possibilities for Abuse

ong as the hospital remains a public servant, vig- measures should be taken to curtail any abuse of vileges. One abuse—the failure of the hospital tc from people able to pay for services rendered—is larly vicious in its attendant consequences. On tside public it has the disastrous effect of checking lent gifts and of depriving people in greater need pital service.

ll applicants for treatment at reduced rates are re- to fill out a blank containing detailed information residence, address, occupation, weekly income, rent, r and ages of the members of the family, the num- such applicants would be greatly reduced. Also moralizing effect of giving free treatment to the persons would be avoided by this method, and the of each case would be strikingly apparent.

Hospital Support and the Public

ry hospital must depend upon the press as the nedium between it and the general public. If, there- he public lacks knowledge of or is unsympathetic nospital activities, the explanation is generally to nd in a lack of harmony between hospital officials ne representatives of the local newspapers. Com- courteously and intelligently with requests for for publication is a very simple and easy way of nteeing amity between the public and the hospital. eporter himself, if some time and consideration are him, feels a kind of responsibility in presenting st interests of the hospital and in throwing on hos- affairs the clear light of understanding and veracity. other way can the public be depended upon to its invaluable support and to cooperate with the al.

Personal Contacts Most Important

no other time is the ordinary person so much in of the milk of human kindness as when he is nervous cited or anxious and impatient about his troubles. nospital superintendents who are daily meeting an ed and perturbed public realize that only with su- ly developed tact and patience can you quiet the te nerves of your own world. You are acutely cog- t of the personal equation and the enormous import man contact when you take charge of a trouble- incident, smooth away the creases of discontent, and the winds of the irritability.

there are many hospital superintendents who meet ublic only through the medium of an assistant, who transact this part of their business in person. How can such superintendents touch the chord of every situation without an intimate knowledge of its constituent parts? And if they cannot, or do not, are they not delegating the most important obligations of their positions to the assistants who see that the public is well served by and pleased with the institution?

Hints for Small Hospital Economy

Practical hints for superintendents of small hospitals who are puzzled over ways of making financial ends meet are always welcomed.

In the case of butter, for instance, wastage can be cut down materially, without the sacrifice of charm or adequacy, with a set of butter paddles. Balls can be made from tub butter, enough at one time to last forty-eight hours.

In this way not the slightest fragment is permitted to be wasted. One ball on each plate, with six or eight extra ones on a plate at the table, and a second helping possible, gives the appearance of nicety without a seeming diminution of supply.

The expense of ice also can be cut down by refrigeration at the hospital. A large zinc tub, thoroughly scrubbed and elevated so that its contents cannot be polluted, and filled with sterile water, may suffice the needs even of four or five typhoids. These suggestions may be found useful to superintendents who wish to better their condition financially.

Using Ready-Made Devices

Why not take advantage, in filling the needs of hospitals for chair and bed and operating cushions and pads, of the effort of a firm which has the making of these its main business?

You can be assured that your makeshift, no matter what it be, is not economy in the long run and that the firm which devotes all its time to the manufacture of a particular article and produces it in large quantities is doing a better money-saving job than you could do with the inadequate facilities and unorganized methods at your command.

Utilizing a clean sheet or pillow or blanket in the place of commercially made cushions and pads is, if you analyze it, inexpedient from the standpoint of the efficiency of your hospital, and unwise from the point of view of your staff. A new blanket used to prop the patient over on one side in bed may become soiled or stained. Fifty cents to launder the blanket and the inevitable damage to the fabric make the economy an entirely false one.

Hospital people who readily belittle commercial devices and stick to their makeshifts ought to get out their pencils and pads and let figures tell them a tale.

MEETINGS, CONVENTIONS AND CONFERENCES

AMERICAN HOSPITAL ASSOCIATION'S TENTATIVE PROGRAM

Montreal, October 4-8, 1920.

MONDAY, OCTOBER 4, 1920.

Registration.
Inspection of Exhibits.
Entertainments.

TUESDAY, OCTOBER 5, 1920—10 A. M.

Invocation.
Address of Welcome.
President's Address—Dr. Joseph B. Howland, president, superintendent Peter Bent Brigham Hospital, Boston, Mass.
Report of Trustees—Read by the Executive Secretary.
Executive Secretary's Report—Dr. A. R. Warner, Executive Secretary.

TUESDAY, OCTOBER 5, 1920—2 P. M.

"Community Hospitals as a Solution of the Rural Health Problem"—Dr. F. E. Sampson, superintendent, Greater Community Hospital, Creston, Iowa.
"The Place of the Dispensary in the Public Health Program of the Future"—Mr. John A. Lapp, editor, *Modern Medicine*, Chicago, Ill.

TUESDAY, OCTOBER 5, 1920—8 P. M.

Section Meetings.

Section on Hospital Administration—Chairman, Dr. R. B. Seem, director, Albert Merritt Billings Hospital, Chicago, Ill.; Secretary, Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital, Cincinnati, Ohio.
Section on Dispensaries—Chairman, Mr. John E. Ransom, Michael Reese Dispensary, Chicago, Ill.; Secretary, Mr. Clarence Ford, superintendent, Division of Medical Charities, State Board of Charities, Albany, N. Y.

WEDNESDAY, OCTOBER 6, 1920—10 A. M.

"Community Funds for Capital Expenditures"—Mr. Pliny O. Clark, superintendent, Presbyterian Hospital, Denver, Colo.
"Industrial Clinics in General Hospitals"—Dr. Wade Wright, Department of Industrial Hygiene, Harvard University, Cambridge, Mass.

WEDNESDAY, OCTOBER 6, 1920—2 P. M.

Trip on the St. Lawrence River.
Entertainment by the Local Committee.

WEDNESDAY, OCTOBER 6, 1920—8 P. M.

Section Meetings.

Section on Nursing—Chairman, Miss E. M. Lawler, superintendent of nurses, Johns Hopkins Hospital, Baltimore, Md.
Section on Hospital Construction—Chairman, Dr. George O'Hanlon, Bellevue Hospital, New York City; Secretary, Mr. Oliver H. Bartine, New York City.

THURSDAY, OCTOBER 7, 1920—10 A. M.

"Function of the Social Service Department in Its Relationship to Administration of Hospitals and Dispensaries"—Miss Ida M. Cannon, director, Social Service Department, Massachusetts General Hospital, Boston, Mass.
"Organization and Standardization of Hospitals"—Dr. James C. Fyshe, Edmonton Hospital Board, Edmonton, Alta.
Report of Social Service Survey—Mr. Michael M. Davis, Jr., Chairman.

THURSDAY, OCTOBER 7, 1920—2 P. M.

Section on Social Service—Chairman, Miss Imogene Poole, Director of Social Service, University Hospital, Ann Arbor, Mich.; Secretary, Miss Alice Rushbrooke, Director of Social Service, Royal Victoria Hospital, Montreal, Quebec.
Round Table, in charge of Mr. Asa Bacon, superintendent, Presbyterian Hospital, Chicago, Ill.

THURSDAY, OCTOBER 7, 1920—8 P. M.

Round Table (continued).

FRIDAY, OCTOBER 8, 1920—10 A. M.

Joint Session.

American Hospital Association and American Conference on Hospital Service.
Summary of Reports by Dr. John M. Dodson, dean, Rush Medical College, Chicago, Ill.; Miss Mary C. Wheeler, superintendent, Illinois Training School for Nurses, Chicago, Ill.; Col. James T. Glennan, U. S. A. M. C., Office of the Surgeon General, Washington, D. C.; Miss Edna G. Henry, Social Service Department, Robert W. Long Hospital, Indianapolis, Ind.; Rev. Charles B. Moutinier, S. J., president, Catholic Hospital Association, Milwaukee, Wis.

FRIDAY, OCTOBER 8, 1920—2 P. M.

Unfinished Business.
Election of Officers.

MONTREAL MEETING TO HAVE MODEL VENEREAL DISEASE CLINIC

The most significant development in the dispensary field during the last few years has been the establishment of a large number of clinics for the treatment of venereal diseases. On the other hand, there are many hospitals and dispensaries in communities greatly needing such facilities that have not yet developed them. Recognition of these facts has led the Committee on Out-Patient Work of the American Hospital Association to undertake as a part of its service to the Association at the Montreal meeting, the operation of a model or demonstration venereal disease clinic.

purpose of the clinic will be to demonstrate to hos- people the best treatment procedure, equipment, organization, record systems and forms, social in fact everything that goes into the structure efficient clinic for the diagnosis and treatment of hea and syphilis.

clinic will be conducted by the Division of Venereal es of the United States Public Health Service. This zation, which has done such valuable work in estab- and maintaining venereal disease clinics the coun- er, will provide personnel for the clinic; assigning ician to be in charge, a nurse and a technician to strate the work of such a clinic, including the ls of preparing for clinical use and of administering rious brands of arsphenamine.

al service in relation to venereal disease clinics will monstrated by the Social Service Section of the ation in cooperation with the Social Service Depart- of the United States Public Health Service and the can Association of Hospital Social Workers. Op- ity will be afforded all inquirers to obtain expert on all phases of venereal disease clinical work. who wish will be put in touch with hospital people ave had experience in dealing with the various prob- related to the organization of such clinics in different of hospitals. Record forms, both medical and social, e available for inspection.

XHIBIT ON HOSPITAL SOCIAL SERVICE

e American Association of Hospital Social Workers, njunction with the Committee on Hospital Social of the American Hospital Association, is planning ve an exhibit of methods and organization of hos- social service as it is now carried on in the United s and Canada. An information service is planned will give ample opportunity for delegates to the ntion to discuss with experienced hospital social ers the various phases of the subject.

special information service will be arranged for such s as "Psychiatric Social Work," "Social Work with ilis and Gonorrhea," "The Organization of a Social ce Department," "Training of the Hospital Social ker."

e exhibit and opportunity to bring local problems re those qualified really to help, together with the that the American Association of Hospital Social kers is calling a semi-annual meeting in Montreal operation with the American Hospital Association, es this convention especially interesting to all engaged terested in hospital social work.

DEL DISPENSARY MONTREAL FEATURE

nother feature of the Montreal meeting of the Amer- Hospital Association will be an exhibit of a model ensary. The function of the exhibit will be to show best plans of dispensary organization, including ad- stration and staff organization, equipment, admission ems, record systems, night clinics, etc. Outside of the real disease clinic there will be no attempt to demon- te actual clinical procedure. In cooperation with the ice Bureau on Dispensaries and the Community Rela- s of Hospitals, an information service will be organ- by means of which those persons who wish to consult ons especially familiar with certain phases of dis- ary work will have the opportunity to do so. In eration with the section on social service a similar bit and information bureau in relation to hospital dispensary social service will be arranged.

HOTEL RESERVATIONS AT MONTREAL

There will be hotel accommodations for everyone, but it is requested that whenever possible two persons arrange to take a double room. An unusually large proportion of the hotel rooms in Montreal were constructed on this plan. Make reservations direct with the hotel of your selection or write to Mr. H. E. Webster, chairman of the local committee, to arrange accommodations for you.

Hotel Rates (as given on request)

Windsor Hotel

(Convention Headquarters.) European plan. Single room with bath, $4.00 per day up; without bath, $3.50 per day up. Double room with bath, $5.50 per day up; without bath, $4.00 per day up.

Ritz-Carlton Hotel

European plan. Four blocks from Windsor Hotel. Single room with bath, $7.00 per day up; double room with bath, $10.00 per day up.

LaCorona Hotel

European plan. Six blocks from Windsor Hotel. Single room with bath, $3.50 per day up; without bath, $2.50 per day up. Double room with bath, $7.00 per day up; without bath, $5.00 per day up.

Canadian Pacific Railway Hotel

European plan. One and a half miles from Windsor Hotel; direct car line. Single room with bath, $4.00 per day up; without bath, $2.50 per day up. Double room with bath $7.00 per day up; without bath, $5.00 per day up.

Hotel Wilhelmina

Both American and European plans. Four blocks from Windsor Hotel. American Plan: Single room with bath, $7.50 per day up; without bath $4.00 per day up. Double room with bath, $10.00 per day up; without bath, $7.00 per day up. European plan: Single room with bath, $4.00 per day up; without bath, $2.00 per day up. Double room with bath $5.00 per day up; without bath, $4.00 per day up.

The Queen's Hotel

Both American and European plans. Two blocks from Windsor Hotel. American plan: Single room with bath, $7.00 per day up; without bath $6.00 per day up. Double room with bath, $14.00 per day up; without bath, $12.00 per day up. European plan: Single room with bath, $4.50 per day up; without bath, $3.50 per day up. Double room with bath, $9.00 per day up; without bath, $7.00 per day up.

Freeman's Hotel

European plan. Three-quarters of a mile from Windsor Hotel; direct car line. Single room with bath, $2.50 per day up; without bath, $2.00 per day up. Double room with bath, $4.50 per day up; without bath, $3.50 per day up.

MINIMUM STANDARD FOR MAXIMUM SERVICE

Approval of the hospital standardization movement as undertaken by the American College of Surgeons was the keynote of the discussion at the second annual meeting of the Oklahoma Hospital Association, held in Oklahoma City, May 19, 1920. The feeling, as expressed by the various speakers of the association, is that by standardizing and systematizing the hospitals it will be possible to make them true health centers—constructively potent factors in the preservation of public health.

Dr. Fred S. Clinton, president of the Oklahoma Hos-

pital, and president of the Oklahoma State Hospital, said in part in an informal statement opening the meeting:

"It augurs well for those engaged in an essential industry when they realize the power and importance of concerted action and definite organization. Much has been written and spoken about hospital standardization, but the time for action has now arrived. Everyone now recognizes that the minimum standard is essentially the individual hospital's very best effort to secure the maximum service in the care of the patient, considering the mental, moral, and material equipment of the institution and the requirements of the patient."

Dr. J. W. Duke of Guthrie, Okla., president of the Oklahoma State Medical Association, spoke relative to the raising of standards in hospital management, and called especial attention to the necessity of efficiency in hospital management. He highly complimented the program of the American College of Surgeons and stated that if this program was followed, the hospitals would be on the highest possible standard at this time.

Miss Candice Monfort of the University of Oklahoma Training School for Nurses stated that hospital responsibility did not end with the patient, but should include the welfare of the nurses. As a solution of the decrease in applicants for training, she advocated better pay for nurses, better quarters, better educational opportunities, and further stated that these inducements would attract the higher type of young women into the profession.

Progress of the work in connection with the new state sanatoriums for tuberculosis was described by Dr. D. Long of the State Health Department, who stated that another new institution was under construction at Clinton, Okla., and would be rushed to completion without delay.

Dr. W. Riley, St. Anthony's Hospital, Oklahoma City, Okla., spoke on hospital standardization, urging that all hospitals take immediate action to meet the minimum standard requirements. He particularly advocated that a system of careful record-keeping be introduced, not only as this will permit the hospital to check up on treatment results, but also as it will prevent physicians from making hasty judgments in regard to the patient's condition, and inaccurate diagnoses.

Names of the officers elected by this association were printed in the June issue of THE MODERN HOSPITAL.

UTAH ORGANIZES STATE HOSPITAL ASSOCIATION

The Utah State Hospital Association was organized last April and has been efficiently active since that time.

On April 17th a meeting was held at Holy Cross Hospital at which the Constitution and By-Laws were read, discussed, and adopted. On June 17th another meeting was held at the same place which was attended by the members of the Association, of the Hospital Staffs, representatives of the State Nurses' Association, and of the faculty of the University of Utah. The subject under discussion was a plan proposed by the faculty of the University to include in its curriculum the nursing subjects taught by the hospital training schools and the consequent affiliation of the latter with the University if the plan were adopted. The proposed schedule was presented by Dr. H. J. Sears of the University and discussed by the members of the various organizations present. The question of affiliation was put to vote and unanimously carried by the hospitals.

Miss C. Dancey, superintendent of nurses at the Latter Day Saints' Hospital gave a brief resumé of the proceedings of the Nurses' Convention at Atlanta, Ga., and Mrs. N. F. Crossland, superintendent of St. Mark's, also made a few remarks on the nursing question. Officers for the coming year are: President, W. W. Rawson, superintendent, Dee Memorial Hospital, Ogden, Utah; first vice-president, Mrs. N. F. Crossland, superintendent, St. Mark's Hospital, Salt Lake City, Utah; second vice-president, Dr. Fred Taylor, Provo General Hospital, Provo, Utah; secretary, Dr. E. F. Root, Holy Cross Hospital, Salt Lake City, Utah; treasurer Sister M. Beniti, superintendent, Holy Cross Hospital, Salt Lake City, Utah.

PROGRESS STANDARD FOR NEW JERSEY HOSPITAL ASSOCIATION

The New Jersey Hospital Association, at its second annual convention in Newark, June 24, was welcomed by Mayor Gillen of Newark and straightway proceeded to the consideration of reports and the election of officers for 1920-1921. The following were chosen: President, Dr. B. S. Pollak, medical director of the Hudson County Tuberculosis Hospital; vice-presidents, Rev. Thomas A. Hyde, superintendent of Christ Hospital, Jersey City; Miss Wilhelmina Kobbeloer, superintendent Newark Memorial Hospital; Miss L. M. Bugh, superintendent Middlesex General Hospital; Dr. Clyde M. Fish, superintendent Atlantic County Tuberculosis Hospital; Miss Huldah Randall, superintendent Cooper Hospital at Camden; secretary and treasurer, John M. Smith, superintendent Muhlenberg Hospital, Plainfield.

In the afternoon session problems potential of helpful discussion and remedial decision relating to hospital scope and management were reviewed.

Declaring that 98 per cent of the cases brought before the Workmen's Compensation Bureau could be further improved in health with proper attention, and that no injured workingman should be discharged from a hospital until every possible resource had been exhausted in an effort to reduce his permanent disability, Dr. John N. Bassin, chief surgeon of the New Jersey Rehabilitation Commission and medical adviser to the Department of Labor stated some interesting facts to substantiate his plea. A survey, he said, of the New Jersey hospitals shows that three of the sixty-three are equipped to handle compensation cases and that there are 33,000 physically handicapped persons in the state entitled to compensation. Although New Jersey was the first state to adopt workingmen's compensation laws, hospitals have been derelict in taking measures for treating injured civilians and preventing dependence. Establishment of a rehabilitation clinic in each of the state's five industrial zones and great zest on the part of hospitals in doing more for initial surgery would spell enormous progress. Also a physiotherapy department should be developed in every hospital.

Dr. Dickinson's Paper

Dr. Dickinson, in his paper on "The Doctor and the Hospital," especially emphasized the value of cooperation among hospital trustees, superintendent and staff—the kind of cooperation which can come only through accurate and full knowledge of duties and a desire to work effectively and harmoniously. It is of particular consequence that trustees have exact information on the governing facts of their own individual hospitals, for only by mutual assistance can the doctor do his best work and advance the interests of the hospital. "The trinity—board of managers, superintendent, and doctor—must be brought together," said Dr. Dickinson.

He spoke with warm appreciation of the splendid work

he hospital nurse and commended enthusiastically
lity and excellent equipment for her task. She
vance more rapidly, however, if allowed at the
table.

IAN NURSING ASSOCIATIONS MEET

irteenth annual meeting of the Canadian Asso-
f Nursing Education was held at Port Arthur
William, the twin cities at the head of the Great
uly 5-8. An excellent report of the Educational
Committee was given by Miss M. Stanley, Lon-
., Convenor of the Committee.
the interesting papers given were those of Miss
t, Regina, Sask., on "What High School Educa-
resents—How to Estimate Its Value and Make
Deficiencies"; Miss Cathleen Russell, Toronto,
Health Field Work for the Undergraduate"; Miss
"Making the Third Year More Valuable for the
urse," Report of the Toronto Chapter; Miss Mac-
Vinnipeg, "How the Small Hospital Can Make
ents to Fit In with a Standard Training School
." Other interesting papers were read and dis-
The Round Tables were especially valuable.
fficers for 1920-1921 are as follows: President,
ace Fairley, City Hospital, Hamilton; first vice
t, Miss Victoria Winslow, General Hospital, Med-
at, Alta.; second vice president, Miss Elizabeth
Wellesley Hospital, Toronto, Ont.; third vice presi-
iss Edith M. Dickson, Toronto Free Hospital, Wes-
.; secretary, Miss Mabel MacNeill, Children's Hos-
Vinnipeg, Man.; treasurer, Miss Florence J. Potts,
h's Hospital, Toronto, Ont. The directors are:
F. Pemberton, Halifax; E. Russell, Winnipeg; E.
Vancouver; B. Ellis, Toronto; J. Craig, Montreal;
e, Toronto; F. MacMillan, Edmonton; L. Edy, Cal-
I. Randal, Vancouver, B. C.
following officers of the Canadian Association of
Nurses were elected for 1920-1921 at the annual
of the Association held in Fort William and Port
July 8-10: President, Miss E. MacP. Dickson,
Ont.; first vice president, Miss Jean Browne,
Sask.; second vice president, Miss E. I. Johns,
ver, B. C.; secretary, Miss F. MacMillan, Royal
ra Hospital, Edmonton, Alta.; treasurer, Miss K.
n, Montreal, Que.; archivist, Miss M. A. Snively,
. The Councillors are: Nova Scotia, Miss Reed,
raham; New Brunswick, Misses Branscombe and
k; Quebec, Misses Hersey and Young; Ontario,
Potts and Mathieson; Saskatchewan, Misses Ur-
and Wilson; Alberta, Misses Winslow and Edy;
Columbia, Misses J. MacKenzie and Randal.
ublic Health Section of the Association had one
had a full and interesting program on all phases
ic health nursing. The Health Program of the
n Red Cross Society was discussed and an address
ven by Mrs. Plumtree, president of the Ontario
oss Society.
ts of registration laws were taken up by
rovince, whose representative spoke briefly on
aws. "The Private Duty Nurse" and "A Lay-
s Viewpoint of the Private Duty Nurse," by
IcWilliams of Winnipeg, covered that field of
activities.
st excellent paper dealt with "Impressions of the
Volunteer Convention at Des Moines from a
Standpoint," by Miss Ethel Gilroy of Winnipeg,
other, "The Challenge of the Future," by Miss
ones, made an immediate impression.

WISCONSIN HOSPITAL ASSOCIATION MEETS

The Wisconsin Hospital Association will hold its first meeting on September 16 and 17, in Milwaukee. A large percentage of the hospitals of the state have signified their intention of sending representatives. The committee in charge of arrangements consists of the following members of the Milwaukee Hospital Conference, which initiated the idea: Miss Gertrude I. McKee, superintendent of Children's Hospital; Miss Borland, Hanover Hospital; Rev. Fritschel, Milwaukee Hospital; Mr. Arthur F. Belitz, attorney for Milwaukee Maternity and General Hospital, and Dr. C. W. Munger, superintendent of Columbia Hospital.

Program

THURSDAY, SEPTEMBER 16.

MORNING

8:00 A. M. to 10:30 A. M.—Hospitals of the city will be open to inspection by visitors. The hospitals will welcome visitors at any time before, during, or after the convention.
10:30 A. M.—Convention called to order.
Invocation, Rev. H. L. Fritschel.
Address of Welcome, Dr. George C. Ruhland, Commissioner of Health of the city of Milwaukee.
Address, Dr. A. R. Warner, executive secretary, American Hospital Association, formerly superintendent of Lakeside Hospital, Cleveland, Ohio.
Discussion, general discussion as to plans for the future of the Association.

AFTERNOON, 1:30 P. M.

Adoption of constitution and by-laws.
Election of officers.
Business meeting.
Address, Dr. J. J. Bresnahan, in charge of the Hospital Standardization Bureau of the American College of Surgeons.
Discussion, Miss Marion Rottmann, R.N., Milwaukee, Wisconsin; Dr. J. J. Bellin, Green Bay, Wisconsin; Dr. Frank S. Wiley, Fond du Lac, Wisconsin.
Paper on Some Phase of Nursing, Miss Shirley C. Titus, R.N., superintendent of nurses, Columbia Hospital, Milwaukee, Wisconsin.
Discussion, Mrs. Millicent Northway, R.N., Kenosha Hospital, Kenosha, Wisconsin; Sister Emma Lerch, R.N., Milwaukee Hospital, Milwaukee; Mrs. Adelaide Northam, R.N., Milwaukee, Wisconsin; Miss Osterhaupt, R.N., La Crosse, Wisconsin; Miss Florence Patterson, R.N., Madison, Wisconsin.
Milk for the Hospital, Mr. Howard Greene, Jr., manager Brook Hill Farm, Genessee Depot, Wisconsin. Certified Dairy to Milwaukee Medical Society.
Discussion, Miss Gertrude I. McKee, Childrens Hospital, Milwaukee; Mrs. G. A. Hipke, Milwaukee Maternity and General Hospital.
(Dinner given by Milwaukee Hospital Conference to Delegates, Visitors and Speakers.)

EVENING, 7 P. M.

Dinner Program

Experiences in France, Dr. Clarence Allen Baer, Milwaukee, Wisconsin.
Problems in the Hospital Treatment of Tuberculosis, Dr. Coon, River Pine Sanatorium, Stevens Point, Wisconsin.
Discussion, Dr. Williams, Wales, Wisconsin; Dr. Ernst, Blue Mound Sanatorium; Dr. L. C. Warfield, Milwaukee.
Paper on Hospital Construction, Mr. Richard E. Schmidt, Schmidt, Garden and Martin, Hospital Architects, Chicago, Ill.
Discussion, Mr. DeGellke, VanRyn and DeGellke, Architects, Milwaukee; Harry Bogner, Milwaukee; Dr. Schulz, superintendent of County Hospital.

FRIDAY, SEPTEMBER 17

MORNING, 9 A. M.

Paper on Occupational Therapy, Mrs. Carl Henry Davis, Milwaukee.
Discussion, Dr. Young, Milwaukee; Miss Ellen C. Sabin, Milwaukee Downer College; Dr. F. J. Gaenslen, Milwaukee.
Hospital Dietetics, Miss Esther Ackerson, dietitian, Michael Reese Hospital, Chicago, Ill.
Hospital Round Table, Mr. Asa Bacon, superintendent, Presbyterian Hospital, Chicago, Ill. (This will consist of a viva-voce discussion of any questions which delegates or others may wish to ask. It is anticipated that this will be one of the most interesting and instructive phases of the convention.

AFTERNOON, 1:30 P. M.

Automobile trip through Milwaukee and Milwaukee County. This will be a thirty-mile trip through Milwaukee parks and boulevards, passing all important public buildings and points of interest, including the various hospitals in the city, as well as the Milwaukee County Institutions, Wauwatosa.

The Michigan State Board of Registration of Nurses will hold examinations at the Capitol, Lansing, October 5th and 6th, 1920.

OCCUPATIONAL BUREAU FOR NURSES

The National Organization for Public Health Nursing with headquarters at 156 Fifth Avenue, New York City, and branch office at 116 S. Michigan Avenue, Chicago, is conducting an informal occupational bureau. Nurses desiring new positions are earnestly requested to communicate with the Organization. Associations or firms needing nurses are also asked to write or visit the N.O.P.H.N. No charge is made for the service.

NURSING AND THE HOSPITAL

Conducted by CAROLYN E. GRAY, R.N.,
132 E. 45th Street, New York City

THE OUTLOOK IN NURSING*

By ADELAIDE NUTTING, Professor Nursing and Health Dept., Teachers' College, Columbia University, New York.

In common with a good many other bodies of workers in what may be called the "essential industries" of life, the nurses of this country are today passing through a difficult and trying period.

It would be strange, indeed, if such a body as we here represent should have escaped wholly the great unrest and anxiety which is troubling the world today, since our work is not only bound up with the most vital things in human life, but our workers are widely distributed among its most fundamental social institutions and every day activities, its homes, schools, hospitals, factories. We must, it appears, always and inevitably be affected by any widely pervading social attitude or movement, and we in our turn must in some similar measure affect them. Prohibition and woman suffrage are two of the recent great social movements which will profoundly affect the future of nursing. The efforts of our fellow-workers in various branches of industry to secure an 8-hour day have undoubtedly strengthened our own attempts to secure shorter hours for both student and graduate nurses. On the other hand, our requirements for admission to schools of nursing must have a distinct effect upon the education of young women throughout the country (and indeed, eventually, throughout other countries). Our requirements, for instance, may either induce them to stay in high school or to drop out of it at any stage before their training there is complete, and it may thus be the means of starting them in their work in life with most doors of advancement firmly closed.

It is this conviction, strengthened during the war, of the inter-relation of all things, and the certainty that our own difficulies are shared by and react upon others in a peculiarly close and intimate way that urges, in a time like this of anxiety and doubt, the great necessity of examining ourselves and the situations in which we are involved with exceeding care and conscience. We must give great heed to the various panaceas that are suggested lest in our eagerness to find immediate relief we seek remedies which relieve for the moment, but do not reach to the heart of our trouble, and, therefore, afford no security whatever for the future well-being of our work and workers.

Whichever way we turn we see dangers ahead. It is certain that changes must be made in the conduct of our schools, but great care must be taken lest these imperil the good standards in our work, which have taken years to build up and establish. On the other hand, we must avoid the equally dangerous way of clinging rigidly to the things with which we are familiar when the time has come to abandon them and seek new methods.

Present Problems of Nursing Profession

What are the difficulties which press most heavily upon us at the moment? I imagine there might be some differences of opinion, but the heads of hospitals and training schools would probably say unhesitatingly that the most serious difficulty is shortage of applicants for admission to their schools; physicians would insist that it is shortage of graduate nurses; and public health workers would urge that 50,000 public health nurses are needed immediately.

Among nurses there is an unusual amount of unrest and of dissatisfaction with things as they are. There is much genuine anxiety that something shall be done to improve the conditions of training and subsequent work and life, and to lift nursing from the area of constant criticism and petty controversy which impairs its usefulness and weakens the strength and courage of its workers. From these workers within the field, but from a much wider circle outside of it, there is an increasing volume of critical opinion on the present system of training, its standards, methods, and results.

Reduced to their simplest terms, the difficulties seem to be a scarcity of applicants for training, which creates a serious problem in hospitals, and a shortage of graduate nurses which presents a trying situation for the sick in their homes. Beyond this there is a deeper issue, which is not a matter of numbers, but of quality, and that is the inadequate supply of nurses of high enough educational and other qualifications to take the lead, to direct, teach and supervise in hospitals, training schools, and in the public health field.

To state these problems is to realize at once that there is nothing essentially new about any of them except in the matter of degree. They are virtually the same old problems with which we have been contending for years. Take, for instance, our shortage of applicants. I can remember no time in the past 25 years when we had not this problem to deal with, and it was inevitable, I think, that it should exist when we were trying to meet the demands of a hospital development so overwhelming as that which actually created for its needs 697 training schools for nurses within a period of 10 years (from 1900 to 1910). Look back as you will through the pages of our journals, through the reports of our associations, and over your own immediate experience and observation, and you will find, I am confident, that the difficulty in securing enough applicants of suitable qualifications to provide an adequate student nursing service for our many hospitals has been an ever present one. It is mentioned and discussed again and again. Moreover, it should be remembered that this

*Read at Convention American Nurses Association, Atlanta, April, 1920.

of training schools is still going on and our de- s a progressively enlarging one.

true that certain training schools have been com- ely free from anxiety on the score of applicants t number has never been large, and it is true today, ith the acute shortage, that some of these schools out the usual number of applicants. But our de- in applicants, on the whole, appears as a fairly t problem from which we have at no time been free.

stimulus in nursing aroused by the special efforts uring the war brought a greatly increased number ents into our training schools. These are not per- to return gradually to former normal conditions, e hurried from a state of comparative affluence in s to poverty by the disturbed conditions resulting he war and pervading almost the entire working This is creating an extreme shortage of workers, in some occupations and professions is much more nd distressing than in our own.

Shortage in all Professions

e is a shortage of teachers, physicians, of trained l workers of all kinds, of engineers, of librarians, of clergymen, and probably of pharmacists—or uld not find glowing articles pointing out how ex- a profession it is for women. The shortage of ians in rural districts is very serious. Out of 58 ts recently received from such sections the New State Department of Health could find only 5 physi- willing to settle in them, and the reasons given, with the condition of highways, lack of plumbing eating, was the "lack of trained nurses." In chusetts this shortage of physicians is said to be reater. The Associated Technologists recently at a g in Philadelphia discussed the very grave problems by the "appalling shortage of trained men" in their work.

the conspicuous example of shortage of trained rs, one which has filled the press for several months, of teachers, which is authoritatively stated to exist acute form in every state. The National Education ation reported recently that nearly a million chil- re out of schools because teachers cannot be found em. In New York alone, which employs over 23,000 rs, there have been a thousand resignations within st five months. The normal training schools are be unable to attract more than a small fraction of cruits needed for this service each year. In dis- g the problem, expert educators speak of the present l situation as due to the war, but they go further, tate clearly that it is primarily due to social and ic conditions which were already in evidence long the war began, and sooner or later would have pro- the present results.

Remedy Common to All

obvious that nursing is only one among many im- t occupations which finds itself unable to meet the ds of the day, and the question that is most perti- herefore, at the moment and of particular interest is how these other numerous occupations and pro- s are proposing to solve their problems of shortage. as can be discovered their efforts all centre and ge in one direction. Everywhere they appear to be, mprove the conditions under which each particular of work is carried on that it may offer a more ive and worth while field of activity to whoever plates entering it. Everywhere they are planning to provide better and sounder training for the workers in order that the service they may give to the community will be of a kind to command increased public respect, opportunities for progress and promotion, and appropriate reward, and consequently greater satisfaction, freedom, and happiness in work.

In teaching, for example, it is urged that the present low educational requirements for entrance to teaching be made universally higher, the course of professional training for teachers be lengthened and improved and more widely applied in order that better and more effective work may be done in our public schools, and the workers attain a higher status.

As to physicians, whatever may be done to meet the shortage in rural districts or elsewhere, there is nothing much more unlikely than that medical education will permit any of its present high standards to be lowered the smallest fraction for that purpose.

Turning to professional engineers, we find improvements and advances in their training urged, not only because of shortage, but as Mr. Hoover interestingly points out, of the greater role that 100,000 professional engineers must in the future play in solving national problems.

Might we not assume that our 100,000 professional nurses have also an important part to play in the solution of some of our national problems, and that the education and training which are to fit them to play that role well are, therefore, matters of national concern. May we not also draw from the collective wisdom of workers in older occupations than ours, or longer and wider experience than we possess in attempting to meet the same difficulties. Surely we are justified in expecting that such efforts would help us to answer at least partially the questions arising in our own field.

It seems clear that while there are doubtless temporary measures to be taken that might tide us over the present insufficiency in numbers of applicants, there is but one by which we may hope to remove it, and that is by removing the causes. The most casual study of our situation shows unmistakably that nursing stands in much greater need than most other professions of marked improvements in standards of education, in methods of training, in requirements for entrance to its schools of nursing and in appropriate compensation for its workers.

Advances in Nursing

Giving every possible recognition to the advances that have been made during the past decade or two, and by what superhuman effort only those women know who have carried them through against the inherent difficulties which the system almost automatically opposes, allowing for all of the peculiarly valuable aspects of our practical training and its richness in realities, it is probably true that our educational weaknesses are among the chief causes for our insufficiency of applicants, and in particular for the scanty supply of the better qualified women for whom we are everywhere suffering. Any attempts, therefore, to meet the present difficulties by lowering any of our present inadequate and hardly won standards will only ensure the continuation of those difficulties and render it absolutely certain that we shall have to deal with them in a more aggravated form later on.

When 60 years ago Florence Nightingale founded the first training school for nurses, she opened up a whole new world to women. To thousands of them, women of unusual character and ability, it gave free outlet to humanitarian and religious impulses and offered a wide field for their practical energies and capacities. Apart

from teaching, there were then and for a good many years after, no occupations to compete with nursing. Today there are literally hundreds of them offering many attractions. They open up quite as large opportunities for a useful service, provide freer and often more congenial conditions of life and work, and are reached in most instances by a much less laborious, severe and prolonged process of training.

At the time that Miss Nightingale was evolving this system of training, the economic conditions of the day made long hours of work, and low wages, particularly for women, accepted conditions. The traditions of the free service of the religious orders which hospitals had long enjoyed, strengthened this attitude and made it difficult for them to get a correct point of view on the value of nurses' work.

Educational Point of View Necessary

As to an educational point of view, in so far as nurses are concerned, hospitals never did get that and they have not got it yet, though they control one of the largest educational systems in existence. Meanwhile during the last half century almost all educational systems and theories have changed radically, and the apprenticeship methods upon which nursing was originally based have been virtually abandoned for years. Obsolete elsewhere, it still survives, however, in schools of nursing, and to this fact may be traced most of those weaknesses in our present methods of training which we ourselves deplore, but are powerless at present to alter materially or permanently. Until the commercial value of the student nurse to the hospital is entirely eliminated from the question, and that task is going to be, as William James said of the war to end war, "no holiday excursion," we shall be working under a system in which the educational interests of the training school will be in perpetual conflict with the economic interests of the hospital.

How to lift this important branch of women's education from its present state of weakness and insecurity, and to place it where it will not be the storm center of those conflicts, is our ever present and increasingly urgent problem, and it is my belief that in solving this, we shall also solve in a considerable measure the problem of scarcity of applicants. The first steps toward any real solution must obviously lie in efforts to secure funds for the separate maintenance of training schools either through endowments or state or municipal aid, and through such changes in form of government and policies as will fundamentally alter their relations to hospitals and free them to work out their own problems. Some beginnings in the direction of a sounder educational and economic policy have been made in the schools of nursing which have recently been established in connection with a few well known universities.

Following in the footsteps of the University of Minnesota which ten years ago led the movement in this direction, we can now point to a number of schools of nursing, fifteen or twenty perhaps, carried on either under the direction of universities or in more or less extensive cooperation with them, and to a healthy growing interest in this new relationship. We are happy to know that the University of Georgia is included among those sharing this important forward educational movement and we do not forget that there is another prominent university, Emory University, in this city which has before it an unusually promising opportunity to share also in the development of better training for nurses.

The writer believes that the education of nurses will eventually have a considerable place in the work of the universities of the country; that schools of nursing will be gradually developed in a good many of them which in general plan and arrangement may be not unlike our schools of engineering. There would be an interesting parallel in the methods by which nurses might be prepared for the different branches of their work and those which have been developed for the training of mining, chemical, mechanical, electrical, sanitary or civil engineers.

The training of all of these rests upon a fairly uniform common scientific and cultural foundation, covering well defined ground, but at a given stage the training branches off and a special curriculum is provided for each group made up of such subjects as are best calculated to equip them for the special lines they propose to work in.

In some such manner apparently the training of nurses must be shaped in order to prepare them adequately for the various specialized fields of work into which they are called,—each with its own peculiar needs of a particular kind of knowledge and skill, yet all resting upon a common foundation of education and hospital training. This need for differentiation stands out clearly in the public health nursing field, which embraces within itself many highly specialized branches, such as pre-natal work and maternity work, infant hygiene, school nursing, industrial nursing, mental hygiene, etc.

The opportunities for working out such a scheme of training can all be found in many places throughout the country. There are hundreds of universities, thousands of hospitals and training schools, and an infinite variety of existing health agencies which under proper direction could easily unite to provide for the training of nurses, that which no one of them alone can give. It should not be difficult to extend pretty widely here the principle of cooperation for educational purposes, which is well established in other professional branches and has made already a fair start in nursing. There is an interesting diversity in the methods by which such cooperation may be worked out as the recent plans for the Harvard Engineering School show and as the University of Cincinnati has shown for years in many of its departments, including the young School of Nursing and Health which is conducting an interesting and important experiment of this nature.

Immediate Solution in Training Schools

Significant, however, for the future of our work as this new line of advance may prove to be, we must not overestimate its present importance or dimension, but realize that our great efforts must for some time to come be directed toward the necessary improvements in the hundreds of hospital training schools which form the bulk of our educational system. These schools (1,586 of them are now listed as accredited schools) have at all times about 50,000 student nurses in training and they graduate approximately 15,000 nurses each year.

What can be done to insure the keeping up of this large supply of students? For it is clear that it must not only be maintained but increased if we are to meet at all adequately the insistent demands of the public for a good many more nurses, as well as for a much better educated and trained body than are now issuing from our schools. The problem does not limit itself to hospitals which need the students for their nursing service, but it does centre there since hospitals control the entire educational system in nursing and consequently the product both in amount and in character is at present determined by them. The public has nowhere else to turn to supply its needs, and these are great in every single branch of nursing. Our private registries report thousands of unanswered calls yearly.

f our hospitals and training schools can secure properly equipped nurses for staff appointments l nurses, supervisers, assistants, and instructors. oked upon as little short of a calamity when an perintendent of nurses resigns her position, so the difficulty in filling her place. As for the pub- th field, keeping pace with its requirements is out question, but it should be remembered that here an us stimulation has been carried on for some time was bound to result in demands which could not be

should we forget in considering the whole present n that we are not able as yet to call upon our supply. A good many unusual conditions have a part in reducing considerably the number of te nurses available at present for what are known regular fields of work. The Red Cross, for in- has drawn extensively (and selectively as well) he general supply in organizing and developing the rge nursing personnel which its numerous activities . And in the extraordinary tasks to which they een called during the past few years, war and ic have taken a heavy toll of our members. So the n before us appears to be not merely to keep up to ry standards the number of students entering our of nursing, but to attract a considerably larger r in order that the vacancies in our ranks through and disability may be filled, and the growing volume eals for nurses may be answered in some satis- y measure.

re is but one way through which we can hope to plish this, and that is by removing the defects in aining schools of whatever nature which are keep- ung women out of them. There is no other positive y for our troubles, and it means unmistakably a e and sincere effort at real reforms and probably quite fundamental changes in our present ways of ng. To the careful study through trained investi- of our whole educational system which is now conducted by a committee at the instance of the feller Foundation, we are justified in expecting a of expert information and advice which will guide effecting such reforms as may be necessary.

Improvement of Recognized Defects

re are certain improvements, however, that we be able to make without waiting for suggestions any source, and it is encouraging to realize that of these are taking place in schools of nursing all the country. even under the stress of scarcity of ts and a positive famine in about every other kind rker.

worst evil we have had to deal with, the excessively ours of duty for student nurses (and for graduate , too, for that matter), though still widely preva- s slowly giving way to pressure of public opinion, ecent statistics show that during the past year the er of schools adopting an eight-hour day has greatly sed. It exists in some form or another in about 200 s, and its introduction into a good many others is to be delayed only by the present scarcity of appli- Curiously enough, while the shortage of students this reform, it hastens others, for, in order to con- the student nurses' time and strength for the g which she alone can do, many of the routine hold tasks, which have hitherto made a heavy drain her best energies, are now being transferred to . It is astonishing and encouraging to see what can ne in this way when necessity requires it. It turns out to be quite easy after all for hospitals to conclude that ward helpers of various kinds may take over a considerable proportion of that miscellaneous assortment of tasks which for years have been assigned to student nurses as a systematic part of their training and called good experience for them. The shorter hours and elimination of this routine house-work will do much to make our methods of training attract and satisfy the intelligent young women who are so greatly needed in every branch of nursing and public health work.

The next serious weakness with which we have to contend lies in the character and amount of teaching provided for student nurses. There is urgent need of better work in this direction, of a wider range of subjects more thoroughly handled, better equipment in the way of class rooms, laboratories, libraries, etc., just such provisions in fact for teaching as are commonly found in all other professional schools. The practical training in the wards requires more careful supervision of an instructive kind and there is crying need for a more just apportionment of the student's time in the different services. Statistics show how heavily one service may overbalance another, and how constantly the private wards mean merely a repetition of ground already covered in the free wards.

Beyond this we need to set ourselves deliberately to work to provide for our students a happier and freer home-life than they now have. There is a whole range of interesting possibilities in this direction which might be worked out to the great benefit of the students. Entering as they now do at a much younger period than formerly (our system was created for mature women, who were preferred in the early days, where the entrance age was about 25 years), it is essential if we want a healthy minded student body who will maintain a good morale, that abundant wholesome recreation should be available. It is needed to offset the serious trend, the severe exactions, and the abnormal atmosphere and conditions of hospital life.

But by far—very far—the greatest need that we now face is that reasonable educational requirements shall be steadily upheld. We are moving in that direction, but very slowly, and it is a fundamental matter that calls for constant vigilance. The nurse who has not had at least a high school education or a full equivalent, even though her professional training has been excellent in character and has covered three full years, and even though she has genuine natural ability, finds many doors to advancement in her work firmly closed. The barriers to progress, which a deficient general education sets up, are among the most distressing and most discouraging problems which nurses of today individually and collectively are facing.

It would be true to say that the quality of our work throughout and its standing in public estimation will be determined by the admission requirements to our training schools. It will rise in pretty direct proportion to the degree of general education on which our professional training is based. A body of highly qualified workers will tend to create the conditions under which they can work effectively, they will command a larger public respect, and the branch of human activity which they represent will seem a desirable and promising one to enter, and will draw a larger and a superior body of women to it.

It is evident that any effort to meet the shortage of applicants by lowering the requirements for admission, or the standards of training would be a most shortsighted and unstatesmanlike policy, destructive to the future of our schools. Instead, therefore, of considering such measures in the hope of securing relief through them, let us urge forward with all our energy every possible improve-

ment which can be brought about in our training schools, in our hospitals, and in the conditions controlling our professional life and work, in order that the educated young womanhood of this country may turn eagerly toward nursing instead of away from it.

So far we have dealt with the shortage of applicants and with efforts to remedy it through finding and removing the causes. I am inclined to think we should apply the same method to the shortage of graduate nurses, and try to find out why women who have been trained for nursing are leaving that field for other occupations. There must be reasons why nurses are deserting the ranks to become anaesthetists, laboratory and X-ray workers, history takers and office assistants and secretaries to doctors and dentists. A whole class full of dental hygienists in training at a certain college were found to be nurses. Few, if any, of these occupations require a trained nurse to perform them and if there is any way of making it possible for these valuable women to continue in the work which they alone can do, we should try to discover it.

It appears to be true that a good many nurses who love their work and would prefer to continue in it feel it to be necessary to turn to another occupation, which permits them to have some sort of home life, and a normal relation to the rest of the world. Private nurses find these very difficult to maintain, and they are of course entirely out of the question at present for hospital and training school workers. Yet there is a gleam of light in this direction, for some instructors in training schools are living in their own homes, and so are social service workers, and there appears to be no insuperable reason why certain other members of the staff might not do so.

In thus attempting the review the situation in nursing, the problems of the moment because of their urgency have naturally taken a large place. So constantly indeed do they occupy our thought that it is difficult to prevent them from obscuring the real issues. They confuse our judgment. We should take a longer view, and in that perspective realize that we are probably reaping exactly what we have sown, and that if we hope for a better harvest in the future, then our sowing must be of a different character. We must get rid of the antiquated ideas and methods that encumber us, and face the facts in our present situation squarely, no matter where they lead us. At no time in the troubled history of our work in this country have we needed higher courage, more wisdom and greater faith than at present. But somehow when I look back over our achievements during the past twenty years and realize that they were brought to pass under difficulties which liken them to the tasks of Sisyphus, I am confident of our ability to solve aright, given freedom to do so, the critical problems of our work and its future. For it is obvious that our training schools are steadily, even if slowly, becoming better organized and equipped, hours of duty are shortening, good homes for students are arising, and a freer and wiser discipline in student life is gradually developing. Improvements are taking place in the quality of teaching, university schools of nursing and also the special courses in public health work, opening up in various places, are building up a new and wider interest in nursing and a more correct conception of its values and its needs. And further, there is much definite evidence to show that our long struggles for better educational standards are bringing results, for school after school report that a steadily increasing number among its entering students are young women of excellent educational and other qualifications.

Nor are these advances limited to the schools. The deep and unflagging interest of the entire profession in the improvements of nursing through better methods of education and training is shown in the work of their associations, national, state, local, in their vigilant and vigorous efforts to uphold good standards for the care of the sick through appropriate legislation; and in their publications of various kinds.

Perhaps nowhere is it more clearly shown than in the establishment of the large scholarship funds, created by nurses for each other's help,—the Isabel Hampton Robb Fund, a permanent fund, the income providing several scholarships annually, and the special funds of the Red Cross, and the National Organization of Public Health Nursing.

It is, I think, of considerable significance that when American nurses wished to establish a memorial to their sisters who died in the service during the war, they made it a living memorial testifying to their belief in the supreme importance of education. It is dedicated to the education of future nurses in France to perpetuate there the system to which we owe our great allegiance, and to take the form of a building called the Florence Nightingale School for Nurses, to be established in connection with the Maison de Sante Protestante at Bordeaux. The sum which the nurses of this country have so far given is about $45,000 or approximately 500,000 francs.

Professionally, nursing has moved out onto a broader stage. In certain phases of its work, most notably in public health nursing, it has set up an entirely new group of relationships which are making searching demands upon our collective ability, wisdom and statesmanship. The nurses who represent us here have met the situation with large vision, abounding energy, and a fine progressive public spirit. They have made a great and much needed contribution to the development of our work and at the right moment.

As to the rank and file of the nurses of this country, they have passed in swift succession during the past few years through the awful tests brought by the war and the epidemics. To the courage, endurance and fine spirit of devotion with which they as a body have met these crises no poor words of ours can ever pay a fitting tribute.

If the outlook for the future of nursing may be in any measure forecast from the work of the past, from the strivings and aspirations as well as from the actual labors of nurses, we are, I think, justified in looking forward to the inevitable changes before us, confident that they will ultimately be worked out with no sacrifice of our cherished ideals and principles.

ETHYL CHLORIDE IN LOCAL ANESTHESIA

The New Nurse—"Have you seen Ethel Barrymore in 'A Country Mouse'?"

Veteran Nurse—"Yes, but she isn't so good as Ethyl Chloride in Local Anesthesia."

New Nurse—"Oh, is she good? I must see her."—*Boston Transcript.*

The old lady had not liked the nurses, because they had been obliged to give her many painful treatments. Therefore, as she was being taken from the hospital to the county home she remarked to the nurse whom she least disliked:

"Well, good-bye. I don't suppose I'll ever see you again, as I'm not long for this world, and there'll be no nurses in heaven."

A great man or woman is he or she who works cheerfully and merrily, rests cheerfully and merrily, and does not slumber in the tent of the "good old times."

HEALTH AND MODERN INDUSTRY

MING HOSPITAL—A MODERN INSTITUTION FOR MINERS

By MEYER J. STURM, Architect, Chicago, Illinois.

t discussions pertaining to specialized hospitals tendency to record historical associations or to a literary work on the abstract problems encoun- their development. The obvious test, and that nspicuous in the successful operation of specialized al hospitals, is in the actual work that is and n done in the strictly modern institutions of this er. Necessarily, different industries would have t problems, but basically these problems are allied general are fundamental. There is, at the present, data at hand from such hospitals which have been ithin the last few years upon which to proceed surance as to what constitutes their essentials.

Ishpeming Hospital, built by the Cleveland-Cliffs ompany at Ishpeming, Mich., completed about two -half years ago, is the outcome and consummation rete form of a combination of problems, including or a social and medical service which it was neces- establish in the mining community in which it is

While the hospital was erected by the Clevelandron Company, it is supported by that company and ver Mining Company. The hospital comes under ct supervision of that department of the Clevelandron Company known as the Pension Department. under this department is included everything for al, medical, and general care of all the employees icers of the companies. Therefore, the chief of this department, Mr. W. H. Moulton, is head of the hospital and all of its allied activities, and also of the social welfare department, and its ramifications and activities.

The Cleveland-Cliffs Iron Company had been maintaining a small hospital and dispensary since 1872 in a rather nondescript wooden building, to which additions had been made. As the mining development grew, however, and the community with it, it was found necessary to make more adequate provision for the care of employees, and the present modern fireproof hospital is the outcome of the decision of the authorities to build such an institution, complete in every department.

The hospital is located on a tract of land which has been artificially graded and planted, and which not only is sufficiently large for all future purposes, but will at all times have about it a splendid private park. The front is about 125 feet from the street, and the parkway on either side, when wings are added to the present building, will be fully this distance from the other two streets.

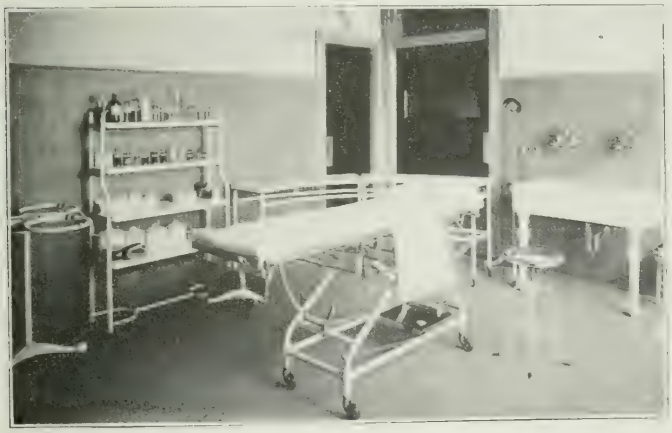
The cost of the hospital, in view of its many specialized departments and very complete equipment, was not excessive. The building cost about $150,000, the furnishings about $20,000, the equipment about $14,000, which is at the rate of about $2,850 per bed for the full bed capacity. The hospital has accommodations for sixty-five patients, in addition to its very extensive and complete out-patient department and dispensary.

The problems to be solved in planning this hospital were somewhat complex, inasmuch as the old hospital had been

Ishpeming Hospital. View from southwest.

Ishpeming Hospital. First floor plan.

maintained on a basis entirely different from that intended for the new institution. However, these problems were carefully considered by the authorities with their architect, and the fullest cooperation resulted in the hospital being built as shown on the accompanying plans and views. There were many difficulties encountered in its erection which are not ordinarily presented for solution, such as extra excavation on account of the nature of the soil, transportation, and especially the procuring of necessary skilled labor.



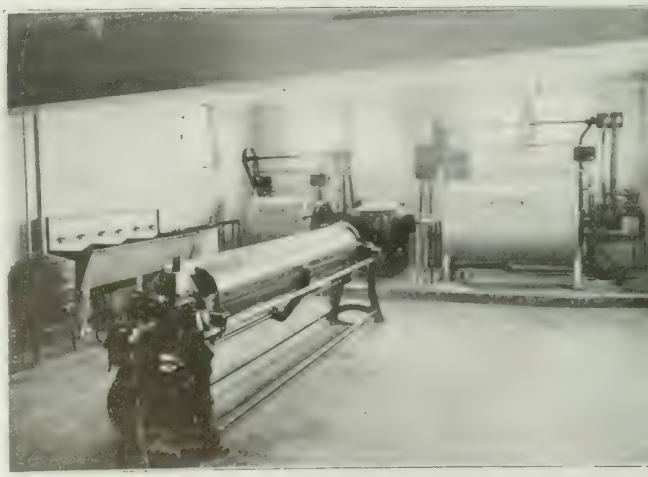
Ishpeming Hospital. Main operating room.

Building Attractively Placed

The building is fireproof, of reinforced concrete construction, is three stories, basement and sub-basement in height, and covers an area of 144 feet 6 inches by 47 feet in width. The center line of the hospital faces and is on the axis of Pearl Street. About six or seven blocks down this street, at its other end, is the new fire engine house, so that from either direction there is a pleasing vista in its termination. In addition to the entire front and sides being parked, as stated, at the rear there is a well worked out service court, and contained in this a seven-car garage for the ambulance and staff's automobiles. The ground slopes in all directions from the building, giving excellent drainage.

Arrangement Made Most Convenient

Entering the main entrance of the building, one is attracted by the unusual verde antique marble wainscot. This marble is a product mined in the vicinity of the hospital. A very well lighted general waiting room, 32 feet square, is the first floor entrance from the Division Street side, which is at the dispensary. This room is finished in gray and the floor is covered with green battleship linoleum. On the right of the waiting room is the attendant's desk, where all inquiries are made and from which desk all directions are given to the patients and visitors. This desk is connected with all of the offices and departments by telephone. Back of the main desk is the dispensary attendant's office, and adjoining this the pharmacy, which in this institution is one of the best equipped in a hospital of this character. This pharmacy connects in turn with a drug stock room. Following along the east side of the building on this floor, there are the pharmacist's bedroom, a general toilet and shower for the attending physicians, doctor's offices, and the emergency operating room. This operating room is directly connection with the elevator so that patients can be brought into the ambulance entrance and directly to the operating room. Each mine has its first aid station, but all major work of every character is done in the hospital. Continuing along this east side, there are two help's rooms, and directly at the end opposite the waiting room is the superintendent's office and living suite. On the west continuing toward the waiting room, there are five doctors' offices, visiting nurses' office, laboratory, x-ray



Ishpeming Hospital. Laundry.

ent, and the eye and ear office. There has been ent need for pathological work in this section hospital is very efficiently supplying it. This lso of the work in the x-ray department.

, therefore, be seen that the entire first floor is er to the administrative and general working ents, the dispensary, and such parts of the rvice as come under the hospital, and that no are housed on this floor.

e second floor there are fourteen rooms for patients, eight of which can be used for two h, and four two-bed wards. In the southwest s a solarium for the convalescing patients, o have had injuries and can be up. In addi- he rooms, there are the customary toilet and rvice, chart, and diet kitchen space, with their plement of equipment.

hird floor is designed with five two-bed wards e four-bed wards, with a solarium for the patients floor. On this third floor is also placed at one ated from the remainder of the floor, a complete

ing Hospital. Dispensary waiting room, northwest, showing attendant's desk and long windows.

g department, and in addition to this and in close ty, a complete obstetrical department.

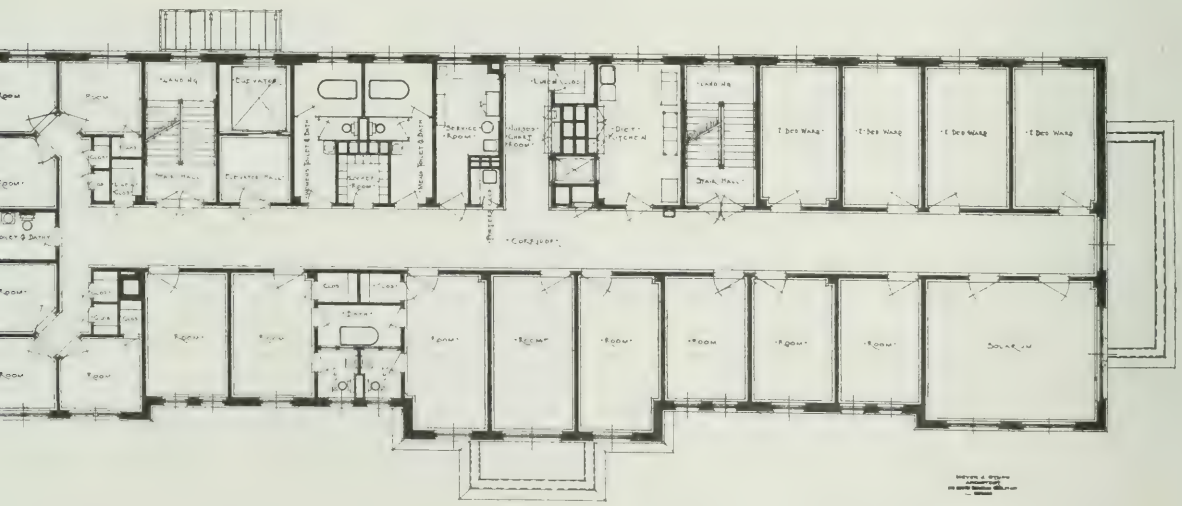
rve the entire hospital with all necessities, the t of the building was set aside for the working ent. For this purpose it was kept well out of und. A sub-basement was put under the building all pipes and wires, machines, and other accessories

Ishpeming Hospital. Four-bed ward.

which are ordinarily hung from the ceiling of the basement or placed on the floor, and which not only make it unsightly but cumber it unnecessarily to the exclusion of its maximum use. At the north end is located the boiler and coal room, which runs through the sub-basement and the basement without the intermediate basement floor, giving sufficient height for all purposes. This room is, except through the sub-basement, absolutely isolated from the hospital.

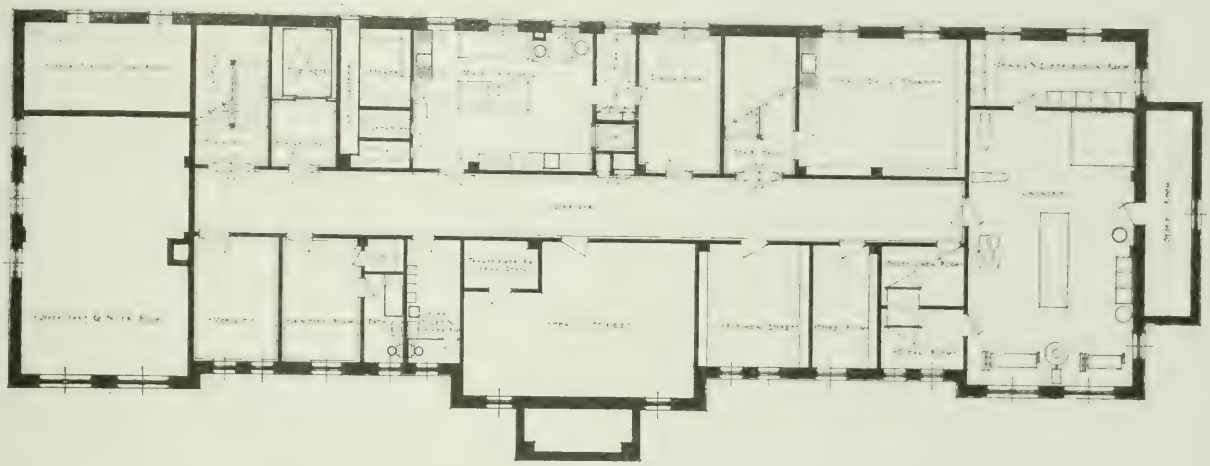
In their order are placed in this basement the kitchen department, stores for heavy drugs, and a complete laundry with sewing, distribution, and disinfecting rooms. There are also provided adequate store rooms for the different departments. In addition to this there is a janitor's room and toilet, help's locker and toilet, and a morgue. It will be noted that the transformer room for the x-ray department is placed in the basement. This was done so that noise attendant on the operation of the transformer could be eliminated entirely from the x-ray room, which is directly above this room. This was accomplished by taking the high tension wires through a heavy plate glass in the floor and connecting them directly above to the aerials. All controls are on the control board in the operating room.

It was the object of the Cleveland-Cliffs Iron Company from the very inception of the idea, to have a building that would be as perfect in arrangement, construction, and equipment as could be devised, and with this object in view at all times, there has been nothing left undone to attain this end. The hospital at the time of its opening



Ishpeming Hospital. Second floor plan.

Ishpeming Hospital. Third floor plan.



Ishpeming Hospital. Basement plan.

was complete in every detail, including the decoration. Sufficient time was given for the walls to dry and for the building to "weather," in order that this could be done. At present it is contemplated using the two solariums for wards and adding another story over part of the building, extending the stairs and elevator for this purpose, and making a large solarium and nurses' quarters on top of the present building.

Education an Objective

It is the object of the hospital to be as largely educational as possible, and at all times to have the entire confidence of the employees and their families, which is not always the simplest problem among such a large foreign population as works in the mines. This was found especially true in the establishing of an obstetrical department. Necessarily, at first this was looked upon with some doubt and misgivings. However, it not only has become a great necessity, but is eagerly sought by those for whom it is intended. There is a board of five physicians forming the staff, with a chief, Dr. Vandeventer. The hospital staff cares for the employees and the families of the two mining companies, and also those of the Aetna Explosives Company.

After two and one-half years of operation it can be stated authoritatively that in the working out of the planned and desired results that this hospital has successfully and satisfactorily met every requirement.

DRESSING PARCELS STANDARDIZED

An emergency surgical dressings parcel, officially en dorsed by the Surgeon General of the Army, the America College of Surgeons, the Surgical Section of the America Medical Association, and the Conference Board of Physi cians in Industrial Practice, has been adopted by the Amer ican Red Cross. This standard parcel is to be produce by Red Cross chapters, instructions for preparation o which have been sent from headquarters, and kept in suffi cient quantities to meet any needs chapters can foresee

The parcel is wrapped in heavy brown paper, sterilize and paraffined, and contains 10 gauze compresses, 1 ab sorbent pad, 1 rolled wadding bandage, 1 muslin bandage 1 gauze bandage, 1 triangular bandage and safety pin.

An instructor in bacteriology, thinking to catch the clas napping, said, "Name two kinds of bacteria found in 1-500 solution of Bichloride of Mercury"; to which quick-witted nurse replied:

"There's only one kind—dead ones."

It was in a Practical Nursing class that the instructo was discussing various methods of disinfecting. "Mis M," she said, turning to the girl who always answere first and thought afterwards, "How would you steriliz a thermometer before testing the temperature of douche?"

Quick as a flash came the reply: "Boil it ten minutes.

DISPENSARIES AND OUT-PATIENT DEPARTMENTS

Conducted by MICHAEL M. DAVIS, JR.
Director, Boston Dispensary, 25 Bennet St., Boston

HE IMMIGRANT AS A DISPENSARY PATIENT*

f the most striking features of dispensaries is the riety of nationalities cared for and the large pro- of foreign-born among the patients of many typ- itutions. Thus, at the Boston Dispensary, which about 35,000 patients a year in its out-patient hirty-four different nationalities were represented ne recent year; 45 per cent of all patients were born, but 30 per cent additional were the native- ldren of immigrants, only one-fourth of the total being of native stock. The proportion in this is not very dissimilar from that in the local pop- as a whole. No one can visit the admission any of the larger dispensaries in New York, Chi- altimore, Philadelphia, Cleveland, St. Louis, or ancisco without being impressed by the polyglot of the assemblage. There are, of course, some spensaries in certain districts of New York City, mple, where, because of the neighborhood, or the ffiliations of the dispensary itself, a vast majority patients are of a single group. There is perhaps better than the dispensary for seeing and study- immigrant and the immigrant's growing family their earlier years in the United States.

portionate Use of Dispensaries by Races

a view to understanding the manner and rate of tanceship with American medical resources, it is derable interest to ascertain the relative use of ries by different national or race groups. Some figures have been obtained from one of the larg- ensaries in Chicago.† Out of 2,535 consecutive ,055 were six chief immigrant groups: Jewish, talian, Bohemian, Lithuanian, or Greek. The rel- mber and per cent of each of these groups among 5 cases were as follows:

ish	333	31.5%
sh	343	32.5%
ian	182	17.2%
emian	115	11.0%
uanian	57	5.4%
ek	25	2.4%

l be noticed that the numbers of Jews and Poles ly equal. But after investigation of the sources ich the patients come, or of the reasons for their it was found that over 55 per cent of the Poles had been sent to the dispensary by some agency, chiefly the Board of Education. Forty-five per cent of the Poles were children, and they were sent to the dispensary either to secure medical examination for working papers or because the school doctor or nurse had referred them for medical care. The percentages are practically the same among the Bohemians and the Lithuanians. Among the Jews, on the other hand, only 13 per cent had come from agencies, the large majority having come to the dispensary on their own initiative. Among the Polish patients only 10 per cent were 45 years or over, and as already mentioned, 45 per cent were children or under school age. Among the Jews, 20 per cent were over 45, and only 10 per cent were children.

The Italians occupy a middle ground between the Jews and the Poles, 45 per cent having been referred by an agency.

At the Boston Dispensary it is found that the percentage of Jewish patients among the total patients of that dispensary is just about twice as great as the proportion of Jews in the city population as a whole.

The study of the dispensaries of New York City conducted by Dr. E. H. Lewinski-Corwin, under the auspices of the New York Academy of Medicine, showed the type of treatment employed by 3,536 sufferers from various ills in New York City. Three hundred and eleven cases, or 8.8 per cent, attended a dispensary. The figures collected in this study were generously placed at our disposal by Dr. Corwin. Tabulated by nationality, it was found that the proportion of each of the chief races utilizing the dispensary as a medical resource varied widely. This is shown in the following table for both the hospital and the dispensary:

Nationality	Total Number of Cases	Number Using Dispensary	Percentage Using Dispensary	Number Using Hospital	Percentage Using Hospital
Irish	209	40	19.1	19	9.1
U. S. A.	596	99	16.6	36	6.1
Negro	193	25	12.9	20	10.4
Hebrew	575	69	12	67	11.6
German	215	20	9.3	14	6.5
Miscellaneous	243	18	7.3	19	7.7
Italian	844	26	3.1	44	5.3
Slav	661	14	2.2	15	2.3

From all these figures it is apparent that of the three large recent immigrant groups, the Jews are far and away the greatest users of dispensaries; the Poles and other Slavs the least; the Italians occupying a middle division. Some of the influences which inhibit or which encourage recourse to a dispensary have been suggested in Chapters IX and XIV. Length of residence in the country has some influence, chiefly by increasing familiar-

*t from a forthcoming book on "Immigrant Health and the y," by Michael M. Davis, Jr., PhD., to be published by s part of the "Americanization Series." Printed in THE OSPITAL by permission of Harper & Brothers, New York.

ourteous co-operation of Mr. John E. Ransom, Superintendent ntral Free Dispensary of Rush Medical College, is gratefully ged in this connection.

ity with the language, with the existence and locations of the dispensaries themselves, and with the nature of their work through the stories of friends and acquaintances. The barriers of language, the fears born of ignorance or rumor, vary with different immigrant groups and among individuals in these groups. Individuals and races also differ obviously in their readiness to judge and seek opportunity. The keenness of the Jew in this respect, combined with a sensitive organism which impels him to seek prompt relief from illness or suffering, may at least partly account for the Jews occupying first place among the immigrant elements in the clientele of dispensaries.

Many Motives Connected with Dispensary Care

Now the motives which lead persons to go to dispensaries for medical care are partly economic. They may go because they haven't the money to pay for a private doctor, or because they have been to a private doctor, have been dissatisfied with their treatment, and have very little ready money left. Another motive enters also: the desire to secure high class medical treatment. The name of a famous doctor is attached to a dispensary, and they seek the place for that reason. Or something is the matter with the eye or other special organ, and they know they cannot afford the high rates charged by specialists at their private offices. The dispensary is, in fact, the only practical recourse for most persons of small means, if they are to see specialists at all.

Motives are also in operation tending to keep persons away from dispensaries. The dislike of receiving charity is one; the inconvenience of waiting; of being crowded; of having less privacy than in a doctor's office—conditions which are frequent at dispensaries at the present time—these motives apply to native and foreign-born as well. The special deterrents caused by barriers of language, ignorance, superstitution or fear have often been referred to. The dispensary cannot merely be regarded as an institution for furnishing medical service to those who need it, and from this standpoint it is not only its privilege to serve those who need it; it is its duty to adapt itself so as to fit their needs. In Chapter IX and XIV we saw something of the immigrant point of view towards dispensaries. Now let us ask what have dispensaries in America done to adapt themselves to the immigrant? What has been the point of view of the doctors, nurses, social workers and administrators of our dispensaries towards the immigrant, what their understanding of his personality and needs, what their efforts and methods of adapting their service so as to give him what he needs in a manner which he will accept, so that his needs shall be met?

A MISSING PROBE

The nurses in M— hospital have nicknames for nearly every person and object with whom they come in contact. The maternity ward is "Mat," probationers are "probs," and so on. Of course the head nurses frown on this practice, and woe be unto the nurse who thoughtlessly uses such an abbreviation within hearing of a supervisor!

One morning one of the probationers of Ward 2 was off duty on account of illness, and a junior nurse who happened to be a friend of hers was naturally quite worried. As she was cleaning up the ward dressing room, the head nurse came in on a tour of inspection, and noticed that an instrument was missing. Turning to the junior, she remarked in a conversational tone:

"I see there's a probe missing this morning."

"Yes," replied the thoughtless junior, not noticing the open instrument case. "They say she has tonsillitis!"

OCCUPATIONAL THERAPY SHOWS RESULTS

In the report of the Occupational Therapy Department of the Grace Hospital, Detroit, Mich., the director, Miss Alice N. Carter, states that the department, which was established under the auspices of the Community Union in July, 1918, has shown excellent results, both from the therapeutic and economic standpoint. The object of the work is defined as the providing of convalescents and chronic patients with some form of handicraft which will occupy the mind, as well as the hands, thereby diverting thoughts from bodily ailments. Although the main purpose of the work is curative and therapeutic, rather than economic, the financial consideration, however small, has had a stimulating effect upon the needy patient. Active patients who have been incapacitated by an injury have been decidedly encouraged, and great impetus has been given their recovery by the discovery of an occupation whereby a few dollars may be earned. Among the occupations taught are basketry, woodwork, leather work, rake knitting, toy-making, the making of bags, lamp shades, babies' shoes, hooked, braided, and crocheted rugs. During the year, among many articles made, are the following: Forty toy animals, 190 baskets, 81 bags, 4 book racks, 222 dolls, 133 purses, 30 bill folds, 4 stools, making a total of 704 articles.

SANITARIUM NOT MENACE TO INHABITANTS OF VICINITY

The Supreme Court of Louisiana, in a recent suit brought to prevent the city from establishing a tuberculosis hospital within the city limits, on the contention that it would endanger the health of those living in the immediate vicinity, made the following decision:

"If it were proved with certainty that this hospital would endanger the health of the plaintiff or his family, perhaps a case might be presented for judicial interference. But the very opposite is conclusively shown by the evidence, which is all one way, to the effect that a well kept tuberculosis hospital is not a menace to the health of the people living in the vicinity; and the presumption is that the hospital will be well kept.

"Our conclusion is that the suit is groundless in so far as it is sought to be founded on the apprehended injurious character of the proposed hospital."—U. S. Public Health Reports.

JOY

Today, whatever may annoy,
The word for me is Joy, just simple Joy:
The joy of life;
The joy of children and of wife;
The joy of bright blue skies;
The joy of rain; the glad surprise
Of twinkling stars that shine at night;
The joy of winged things upon their flight;
The joy of noon-day, and the tired
True joyousness of eventide;
The joy of labor, and of mirth;
The joy of air, and sea, and earth—
The countless joys that ever flow from Him
Whose vast beneficence doth dim
The lustrous light of day,
And lavish gifts divine upon our way.
What'er there be of Sorrow
I'll put off till Tomorrow,
And when Tomorrow comes, why then,
'Twill be Today and Joy again!

—*Atlantic Monthly.*

DIETETICS AND INSTITUTIONAL FOOD SERVICE

Conducted by LULU GRAVES

Temporary Address, 22 E. Ontario St., care of The Modern Hospital*

SPECIAL FEEDING OF THE SICK

UIS J. FRANK, Superintendent, Beth Israel Hospital, New York City.

as Tusser, in 1520, who said, "Good diet with wisdom omforteth man," but it has taken many centuries vince the medical profession that "good diet" is mportant, or just as important, in the treatment sick, as the various nauseating concoctions which armacist delights to foist on an unsuspecting and us public. It is superfluous to speak of wisdom nection with "good diet." "Good diet" keeps no ny with folly.

future medical man probably will be well trained logy and chemistry, the two sciences which treat . It has been the custom in the past to give the l student a smattering of biological chemistry; to out to him certain basic laws of the composition of , and to impress upon him certain facts which nembered in stereotyped fashion until he passed his xaminations. He paid more attention to the maxi- nd minimum doses of an obscure drug than to nutri- alue of foods. Dietetics has remained a mystery to He knew certain general principles, but did not their practical application. He gave certain orders he knew enough to do so) as to the dieting of his t, but could not give any explicit instructions as to is orders were to be carried out. When it came to eatment of a metabolic disease, the physician either in a specialist, or the patient got along as best he under the improper care of his doctor.

Cure Dependent on Proper Feeding

atient cannot get well—in the vast majority of in- s—because of some medication's being administered . He is to be fed properly, and nature will take f the rest. And proper feeding does not mean a generous tray of usual dishes. It means proper tation of food value for the individual patient; it correct balancing of the principal food ingredients; ns consultation of the patient's taste, his national his religious prejudices, and his physiological condi- In organic disease, the physician is especially in ound to treat his case according to the organ in- , or the disease present. In nephritis, in diabetes, in , in the anemias, and in various other nutritional ances, it is only the dieting that will enhance or recovery. Superficial knowledge will yield poor s in this field as in other lines of endeavor. Exact, gh, and painstaking care of each individual patient roduce the best results. There is no—there should —routine treatment. Each patient is an individual and should be treated according to his requirements. atter years there has developed a profession which has done a splendid amount of good in bettering the diet conditions in public institutions. I refer to the dietitian. Enthusiastic, healthy, young women have been trained to distinguish between a well-balanced diet and an improperly balanced one, and to prepare food, or supervise the preparation of food, which is appetizing and tickles the palate of the patient so that he is pleased and desires a second helping. They also prepare the daily menu of the hospital with an eye to economy, to foods in season, and to the requirements of the various groups resident in the institution—convalescents, children, physicians, nurses, clerical force, help, etc.

Dietitian, Physician's Aid

These dietitians can be of great aid to the physician in that they will see that his orders are properly carried out, and in that they may suggest to him the various foods, vegetables, canned foods, meats, etc.—present in the hospital, from which he can choose. They will see to it that the tray is properly decorated with clean linen and a touch of greens which appeals to the esthetic sense of the patient; that the food is appetizing, and that no mistake has occurred, no trays mixed, etc. The proper preparation of the looks of the tray is sometimes as important as the cooking. It has been definitely proved by Pawlow, the great Russian physiologist, that the nervous system has very much to do with proper digestion. An appetizing odor, white sparkling dishes and linen, and a clean table will often arouse the languishing appetite of the sick so that he begins to feel ravenous. On the other hand, a disgusting aroma, soiled linen, or an unprettily arranged tray will promptly kill the faint appetite which the patient may have had. It is in these matters and in supervision that the dietitian excels.

It is to be remembered that a dietitian is not a physician. It is preposterous to expect a dietitian to prepare a "nephritic" diet, and give it to all patients. It is more than preposterous, it is idiotic, to turn over to a dietitian the care of a diabetic individual. A dietitian is like a pharmacist. She can obey the orders; prepare the food properly, etc., but she cannot say which food is to be given.

A pharmacist knows that a case of syphilis is treated with mercury and salvarsan and iodides, but nobody expects the pharmacist to prescribe the dose. So it is with the dietitian. She may know that diabetic patients should not receive much carbohydrates, but how to treat a case of diabetes, for example, she is just as ignorant of as the scullion in her kitchen.

"A little knowledge is a dangerous thing." There are certain youthful dietitians who venture to suggest to physicians how to treat dietetically their patients. The pathos of the situation is that the physician does not—in many instances—know enough to contradict or aid the dietitian

in her blundering. A dietitian is like a nurse, who should obey orders, and be a disciplinarian.

Dietitian Fills Diet Prescription

In cerain hospitals the dietitian is under direct orders of the physician who specializes in diseases of metabolism. This physician visits the patients, examines them, has the proper laboratory analysis performed on the various excreta, and blood of the patients, and prescribes the diet for each case. The dietitian receives the diet prescription, as the druggist would receive a medical recipe, and proceeds to have the directions carried out. Occasionally she calls the physician's attention to various food stuffs that are expensive or out of season, or on the other hand, cheap and in abundance, and he prescribes the diet so that economy is always borne in mind.

The dietitian should be a woman who enjoys good health and an equalable temperament. She should be, first of all, a good cook, not that she would have to do much cooking, but that she could supervise the other cooks, make suggestions, and in rare instances, prepare and weigh out the food according to scientific directions. She should have had elementary training in chemistry, and should appreciate and thoroughly understand and remember what a properly balanced diet is, and what the food value and fuel value of the various common foods are. The more intelligent and cooperative the dietitian is, the better the results will be.

ADMINISTRATION OF DEPARTMENTS OF DIETETICS IN THE UNITED STATES

By E. M. GERAGHTY.

Although hospital life is one of the oldest forms of group living, the problems to be solved in successful administration of any department are more varied than will be found in any other group. The question of food service is a very important one and, if we are to judge by the letters received from superintendents and dietitians, we may safely assume that all realize the need of a comprehensive survey and an adjustment which will make for greater efficiency.

We may not model our food departments after any other organization as nowhere else do we find the necessity for such a variety of cooking for well people; for persons suffering from disorders of metabolism or from some of the other ills to which we are heir; for people from homes of wealth; for the middle classes and for the poor; for representatives of all races and all religions; for all ages, from the babe to the person who watches the sunset of life from a hospital chair or bed—for all of these the dietitian must provide suitable food. The requirements include preparation of food which tastes like that served in expensive hotels, where an army of servants ply their service and two hours for a meal is a slight matter; of foods in season and foods out of season; and of foods which taste like "home." To each individual the latter has a shade of meaning influenced by that person's native locality, race, religion, and economic status.

Since Mary Boland started the work of the dietitian at Johns Hopkins Hospital, conditions have been ever changing. The scope of the department is still a variable factor, ranging from the diet kitchen and instruction of nurses to supervision of purchase, preparation, distribution, and service of food to all persons connected with the institution.

As I imagine that you are mainly interested in the actual working conditions or details of administration, I shall outline a department such as is found in ninety-two per cent of the hospitals and similar institutions in the United States and Canada, and give a brief review of the work done in each branch.

I hope I may be pardoned if I seem, in a critical spirit, to question the wisdom and efficiency of the present organization. There is a goodly bit of duplication of work. Salads are prepared in two places; large orders of meats, vegetables and soups are being prepared in both diet kitchen and main kitchen; desserts are being sent out from pastry kitchen and diet kitchen. When meats, vegetables, and soups are sent out from the main kitchen and the diet kitchen, and desserts from pastry kitchen and diet kitchen, it is not hard to imagine the number of containers required, the labor involved in conveying so many utensils, and the confusion in the ward serving rooms when these many dishes arrive at meal hour. Very few ward serving rooms have a large enough steam table to care for so many varieties of hot food nor enough refrigerator space to care for so many varieties of cold food. Instructions cannot be given in the best manner when the diet kitchen has to take care of large quantity cookery. We also must take into account the waste of material and labor involved in preparation of between meal nourishments in each ward serving room.

The two factors which should be emphasized in the administration of a department of dietetics are efficiency and education. These, of course, may go hand in hand as an efficiently planned and administered department is an educational department. However, when costs are high and labor is scarce, every effort possible should be made to simplify systems and save labor and food as well as wear and tear on frayed nerves.

*Read at Lake Placid Club, May 27, 1920.

CHART No. I

Diet Kitchen	Main Kitchen	Pastry Kitchen	Main Serving Room	Ward Serving Room	Store Room
All broths, custards, jellies, special orders, extra salads.	All food for doctors, nurses and employes.	Desserts and hot breads for doctors, nurses, employees and "house diet" patients.	Responsible for service of food as sent from kitchen.	Service of food sent from kitchen and in addition the preparation of all nourishing and refreshing beverages served between meals.	Distributes uncooked foods and canned goods to various places.
Meats, vegetables and desserts for patients on light diet.	Cereals, toast and beverages for all patients.				
Soups, baked potatoes, ice cream and desserts for patients on soft diet.	Soups, salads, meats, potatoes and vegetables for "house diet" patients.				
Mid-morning lunch for nurses.					
Lastly: Preparation of all diets for patients being treated for metabolic disorders, as well as the feedings for infants.					

Briggs of Harvard has said, "Restlessness without se is discontent, with a purpose is progress." In ysis of this situation, I have, therefore, also con- the ease with which much better conditions could ed.

epartment should be in the hands of a well trained, ment, labor in distribution of supplies and preparation of beverages; much food is wasted and the service is far from uniform. To illustrate in detail: if there are fifteen ward serving rooms in a hospital it is necessary that supplies be sent from store room to all these. At the particular time of serving between-meal nourishments, there prob-

CHART No. II

	DIETITIAN					
Kitchen Dietitian	Main Kitchen Matron or Chef	Pastry Kitchen Pastry Cook	Main Serving Room Matron or Head Waitress	Store Room Steward	Ward Serving Rooms Maid	Nourishment Kitchen Maid
tion and e of diets atients re- g dietetic ent should ranged for for infants be pre- and sent here if no room is pro- should be careful in- ion in prin- of cookery iet in rela- o health.	Meats, fish, potatoes, vegetables, salads, soups, broths, cereal, tea and coffee for all patients except those on special diet, and all above, except tea and coffee, for doctors and nurses and employees, should be prepared and sent from here.	Desserts, cooked fruits, ices, ice creams, custards, jellies, etc., for all persons except those with metabolic disorders, should be prepared and sent from here.	Toast, tea, coffee and cocoa should be prepared here and careful supervision given to service of food in adjacent dining rooms. Nurses' mid-morning lunch should be prepared here and served in nurses' dining room.	Should arrange for distribution of all uncooked and canned goods where needed.	All eggs and toast for patients should be prepared here and tray service for patients should be attended to here.	Preparation for service of all between-meal feedings for patients.

nced dietitian, who, in addition to her knowledge s and nutrition, has a firm grasp of the funda- of business methods and efficiency. She should be chance to organize and maintain her department ines which would be approved by authorities on s administration.

Necessary Reorganization

main points to be considered in reorganization are: enus for patients should be so arranged that all ill dovetail in and avoid several meats, vegetables, sserts at any one meal. The above chart gives nic illustration of the resulting organization.

h to present for consideration another suggestion parture from long established custom; that is a r service of food for patients by maids instead of ses. There are two very good reasons for this: e of nurses, and the need of more careful service ne nurses have time to give. Because the patient's are served at about the same time the nurses meals ved, there are few people on the floor, often the are making rounds, bells are ringing and tray is frequently interrupted and drags. Conse-, the nurses must rush through their own meal to to finish serving trays and let others go to their This plan involving so many people is not con- to standards nor careful service. One nurse may is responsibility for a month at a time; and after ge is made there is the necessity for much and fre- nstruction on the part of the person responsible for d service. The nurses may be given sufficient and nore careful training in tray service during their in the diet kitchen. Since it is the best plan to have for servants served over a period of about two it is possible that the maids may eat their meals ve due time to careful service of the patients' food. much easier for the person responsible, as there is need for frequent instruction in standard service.

Nourishment Kitchen

her idea I wish to advocate is the central "nourish- kitchen. At present all refreshing and nourishing ges for between-meals are prepared in the various erving rooms. This entails a duplication of equip- ably are fifteen people making eggnogs, fifteen making albumenized beverages and fifteen more making orangeade. The egg yolks discarded from the albumenized beverages are thrown away, a little milk is wasted and the results are far from satisfactory. By means of a central kitchen for this purpose one load of supplies provides for all these places; one maid can prepare all necessary foods, nothing is wasted and the service is much better. All beverages are prepared when ordered and served immediately.

This plan has no connection with the now obsolete system of sending quarts of beverages from the diet kitchen. The idea originated in a small private hospital in the East and has been copied extensively. One hospital in the Middle West has this kitchen open day and night. Were further proof of its practicability necessary, it could be obtained from the following extract from the annual report of a large hospital on the Pacific Coast:

"An innovation introduced during the past year is the establishment of a nourishment kitchen. Formerly it was the custom to provide between-meal nourishments at the various service, or ward kitchens. This required that each kitchen be stocked with the necessary trays, dishes and food, and the ward nurses or special nurses prepared the food. The result was frequent complaints of indifferent service and poor cooking, generally where the work was performed by graduate nurses on special duty. Furthermore, much food was wasted or surreptitiously consumed. With the present arrangement, all orders for between-meal nourishment are filled by an expert in a kitchen specially equipped with the necessary trays, dishes, paper napkins, machine shakers, extractors, etc. The result is uniform excellence in service and cooking, with marked economy in the amount of food consumed."

We may not hope for standardization of this department in all hospitals, as, of course, local conditions will differ and adjustments would have to be made so that the organization would best fit the needs of the institution, but it does not seem too much to believe that very soon we may arrange to have such a reorganization as will give the greatest simplicity and efficiency, and thus relieve the present labor problems which entail discontent.

Sometimes we are told, "But it is not wise to give this full responsibility until we have a sufficient number of well trained dietitians." This reminds me of the man

who said he was not going in the water until he could swim.

In an up-to-date business organization, any head of a department is encouraged to develop that department to the best interests of the firm, but such is all too seldom the case in hospital dietary work. The well trained, ambitious woman soon finds little chance for display of initiative and small hope of developing a real department and, this fact, coupled with the poor living and working quarters and low salary, causes her to leave this profession and enter one of the many other fields open, where conditions will be more in keeping with her ambition and ability. Unless this migration can be checked soon, it will be impossible to secure enough people for hospital work, and all hope of progress will be lost.

The medical men are giving such splendid cooperation and expressions of appreciation, the importance of dietetics in relation to health is becoming so universally recognized, and group living promises to become such a definite factor, that it is to be hoped that the dietary department of hospitals may measure up to the standard necessary. There are in the country today women capable of establishing and maintaining well organized departments in a high state of efficiency. If these women could be placed in charge of departments with desirable affiliations and given an opportunity to train carefully selected graduates from our best schools in home economics, and then in turn these graduates be given such responsibility as would induce them to remain for a suitable period of time in other hospitals, we very shortly would have a splendid system of dietetics in hospitals and similar institutions.

THE DEMONSTRATION ROOM OF THE BOSTON DISPENSARY FOOD CLINIC

By ESTHER H. FUNNELL, Dietitian, Boston Dispensary, Boston, Mass.

Following the natural trend of development, the Food Clinic outgrew its originally allotted space at the Boston Dispensary. Patients were referred from other clinics in increasing numbers. Social workers and guests frequently wished to come in for conference or observation. The result was that the one small room became wholly inadequate to meet its needs. Thus it was that the Food Clinic annexed a large adjoining room which is used exclusively for group work. There were three reasons for instituting this group work. One efficiency, for it is certain that when there are many patients with a similar diagnosis, much time may be saved by taking them collectively. The second was the stimulation which is bound to arise from group contact. The third was the recognized need for instruction in the correct ways of using the right foods and the necessity of introducing variety into the dietaries of the patients. So it was that the demonstration room came into existence.

Home Atmosphere

The room was equipped with the idea of presenting a homey atmosphere, where the patients would enjoy coming together. In the center of the room is a long oilcloth covered table, convenient to the china closet at one side and the three-burner gas stove at the back. The full length built-in cupboards furnish the necessary storage space. Other equipment includes a large sink, an icebox, a desk, a pair of scales, six chairs and two settees. Free wall space is devoted to posters which tell the story of foods and their classification.

There are at present five groups meeting weekly, for the purpose of learning about foods which will suggest variety and may be used in carrying out the diet prescribed. Enough food is prepared in the demonstration so that each patient may have some to take home. Paper cartons of different sizes are provided for this purpose. For it is one thing to tell the people at home about some new food, but it is quite another to have a sample to prove the excellent taste of the new food. Occasionally the patients participate in the preparation of the food. This does much to "break the ice" and at the same time stimulates an increased interest in what is going on. With the exception of the children on Saturday mornings, the groups are composed only of women. When the patient is a man, he is frequently asked to bring his wife or mother in for consultation. In any case where the desired results are not obtained, the patient is asked to record what he eats for one week in a "What I Eat" book which is given him. This will usually show up the factors standing in the way of results.

The methods of cooking used in the group work must be dependent to a great extent upon the nationalities represented. Also the ever-present problem of limited incomes must be met. With every group there is a so-called "Forum" which provides for discussion and questions under direction.

The following paragraphs are explanatory of the outlines given below:

The Diabetic Group is conducted with the particular object of introducing variety into the necessarily monotonous diet and at the same time keeping the patients sugar-free. The diet prescribed at first is uniform for all diabetic patients. It consists of the vegetables and fruit containing 5 per cent and occasionally 10 per cent carbohydrate; no bread except bran cakes; only the white meats, and restricted fats. In two or three weeks the patients become sugar-free, except in exceptional cases. Occasionally the starvation treatment in modified form is given. A urinalysis is made at each visit to the clinic. When the urine examination has persistently shown an absence of sugar for perhaps two months, the patient is discharged from the group and is told to report once a month. The increase of carbohydrate in the diet is done individually as the tolerance is found to be raised.

TABLE I—SHOWING CONDUCT OF DIABETIC GROUP

I.—Breads
1. Talk
Explanation of use of special flours in diabetes.
2. Demonstration
Bran cakes or gluten muffins.
3. Forum

II. Vegetables
1. Talk
Explanation of use of low carbohydrate vegetables in diabetes.
2. Demonstration
Scalloped tomatoes with bran or cabbage or celery au gratin.
3. Forum

III. Vegetables (continued)
1. Talk
Value of greens.
2. Demonstration
Peppers stuffed with bran, tomato and onion, or cooking of greens.
3. Forum

IV.—Meat
1. Talk
Kinds of meat to eat in diabetes.
2. Demonstration
Veal stew with vegetables. Other ways of cooking veal.
3. Forum

V.—Vegetables cooked in stock
1. Talk
Kinds of soup to eat in diabetes. Amount of liquid to take daily.
2. Demonstration
Tomato, celery or vegetable soup.
3. Forum

VI.—Salads
1. Talk
What to put into salads.
2. Demonstration
Tomato jelly or perfection salad. Other vegetable salads. French or mayonnaise dressing.
3. Forum

VII.—Cheese
1. Talk
Use of milk in diet. How to make cottage cheese.
2. Demonstration
Making of cottage cheese. Salad of cheese and olives.
3. Forum

VIII.—Desserts
1. Talk
Use of sugar substitutes.
2. Demonstration
Custard, baked or soft. Stewed rhubarb or lemon jelly.
3. Forum

Constipation.—The diet prescribed for constipation includes much fruit and vegetables, coarse breads and cereals, with plenty of water to drink. Meat and fat are

The demonstration aims to show the group of ways of carrying out this diet.

.—Showing Conduct of Constipation Group

eat special foods for ipation? Value of bran oughage.
stration
muffins, or oatmeal d.
s
e of coarse cereals as lators.
stration
king of oatmeal or petti-
tables
e of vegetables as reg-ors.
e of water, drinking (6 ses of water a day).
stration
loped cabbage or onions omato with bran.

IV.—Salads
1. Talk
Value of salads as a means of using fruit and vegetables.
2. Demonstration
Vegetable salad, or prune and bran salad. Salad dressing.
3. Forum
V.—Fruit
1. Talk
Value of fruit as a regulator.
Use of fruit between meals.
2. Demonstration
Baked apples, stuffed, or prune and apricot sauce.
3. Forum
VI.—Fruit in puddings
1. Talk
Value of fruit and cereal puddings. Detriment of pie and doughnuts.
2. Demonstration
Prune whip, or apple tapioca, or fruit jelly.
3. Forum

esity Group is very interesting and perhaps the tacular. The diet consists mainly of fruits and s, with three slices of bread daily. Meat and xcluded entirely because it is found that if these oods are eaten, appetites are satisfied before egetables have been taken. The amount of liquid ted to three cups a day. The particular problem eting this group lies in convincing the patients e is still plenty they may eat, and that eating will not make them weak.

III.—Showing Conduct of Obesity Group

s
ue of non-fat-producing ds. How much bread to daily.
nstration
n muffins or entire eat bread.
n
s
lue of soups as bulk. ount of liquid to drink glasses a day).
nstration
mato soup. Vegetable p.
m
etables
lue of vegetables as bulk.

2. Demonstration
Squash or other vegetables in season. Scalloped tomatoes with bran.
3. Forum
IV.—Salads
1. Talk
Value of salads as bulk.
2. Demonstration
Tomato jelly or vegetable salad or prune and bran salad. French dressing.
3. Forum
V.—Desserts
1. Talk
Value of fruit as regulators and bulk.
2. Demonstration
Fruit jelly or fruit pudding.
3. Forum

Mothers' Group is somewhat miscellaneous. Some are themselves undernourished. Some have children are underweight. Still others are there merely how to cook. The work is arranged according to s of the particular group.

IV.—Showing Conduct of Mothers' Group

ls
lue of coarse flours in eads. When and how to e quick-breads.
onstration
an muffins. Quick bread oatmeal or bran.
m
als
lue of cereals. Milk vs. a and coffee.
onstration
oking of pettijohn, or oking of oatmeal with isins.
m
e of Milk
lue of milk as growth d repair material.
onstration
ream of tomato soup, or h or corn chowder.
m
retables

Value of vegetables as regulators. Value of vegetables as source of iron.
2. Demonstration
Creamed or scalloped vegetables or souffles.
3. Forum
V.—Milk Desserts
1. Talk
Milk desserts vs. pie and cake.
2. Demonstration
Chocolate cornstarch pudding, or tapioca cream, or custards.
3. Forum
VI.—Fruit
1. Talk
Value of fruit as regulators. Value of fruit as source of iron. Value of water drinking (6 glasses a day).
2. Demonstration
Prune whip, or apple tapioca.
3. Forum

Saturday is given over to a class of underweight children of various ages. Unlike the other groups, the children themselves do the cooking under careful supervision. When they first enter the class, they are told their present weight and their normal weight. The weight of each child is taken weekly and recorded on the food clinic cards which are filed with the medical records. Each lesson is accompanied by a talk or story in which food values are taught in terms of growth and repair material, energy food, regulators, and iron. When a child reaches his normal weight or has shown that he is undergoing a steady gain, he is discharged and told to report monthly.

Table V.—Showing Conduct of Health Class, Foods and Their Values

I.—Growth and Repair Foods
1. Talk
Value of milk, cream, butter, cheese, eggs and meat. Detriment of tea and coffee.
2. Demonstration
Cocoa. Milk soup or chowder.
3. "What I Eat" books given out, to be kept for 1 week and returned.
II.—Energy Foods
1. Talk
Value of sugar and starches. When to eat candy.
2. Demonstration
Cooking of cereal. Cornstarch pudding or candy-making.
III.—Regulating Foods
1. Talk
What becomes of the food not used for muscle, bone and blood? Value of water drinking (6 glasses a day). Value of fruit and vegetables as regulators.
2. Demonstration
Cooking of carrots (figures, creamed and buttered). Cooking of squash (baked and boiled). Escalloped onions with peanut butter.
IV.—Iron
1. Talk
Value of mineral matter. Use of iron in the body. Foods which furnish mineral matter.
2. Demonstration
Prune and apricot sauce, or baked apples stuffed with raisins. Beef stew with vegetables.
V.—The Kinds of Foods to Eat at Each Meal
1. Growth and repair foods.
2. Energy foods.
3. Regulating foods.
4. Mineral foods.

A COOPERATIVE PLAN FOR TRAINING DIETITIANS

By BERTHA HYDE, Dietitian, Cincinnati General Hospital.

It may be of interest to the readers to review briefly the work which has been done by Cincinnati General Hospital and the University of Cincinnati, cooperating to train home economics students in the field of dietetics. Under the supervision of Miss Smith, head of the home economics department, students have been sent out on field work in tea room, cafeteria and hospital.

The hospital has offered two different types of experience, one being field work for advanced dietetics, the other for institutional management; students desiring the former experience spent a certain number of hours in the preparation of special diets in the diet kitchen, and in the preparation of infant feedings in the milk laboratory. Those desiring the latter, spent their time in ordering, menu-making, and large quantity cooking; observing also, the washing and dispensing of institutional linens; and personal laundry; and the general housekeeping and management problems. Both of these groups received University credits according to the catalogued courses represented by this experience.

From the standpoint of the dietitian, I can say that I believe the hospital has gained by this cooperation. In the first place, it has been kept in touch with up-to-date scientific research along food lines, as the various problems of the planning of diets have been discussed. In the second place, it has awakened a real interest in this hospital in the students who have here applied their training to help solve its problems. Again it has gained "converts" to the field of dietetics in general, because of the opportunity to see this phase of home economics in practice.

As for the students, I believe the benefit has been equally great. Theory put into practice is perhaps the keynote of the benefit they have derived from it. The opportunity to meet many different employees, working along with them, enables them to pick up many bits of

information, if they are alert, and broadens the students by giving them an insight into management problems. They watch economy in menu-making and the psychology They can watch economy in menu-making and the psychology of feeding different types of people. They observe quick substitution in menus and management of work, demonstrating the alertness and versatility of mind required for efficient management. They have an opportunity to watch the many problems that arise in the course of a day's work, and see how these problems are solved. ample for the students to profit by as wise solution. The contact with human nature in its many phases, the development of the best possibilities in it for an efficient organization; these things together with the practice work performed, develop the students so that, upon graduation, they are ready to undertake intelligently the responsibilities of the field work they may enter.

AMERICAN DIETETIC ASSOCIATION MEETING

The annual meeting of the American Dietetic Association will be held in New York City October 25-27. The program includes subjects of interest to the hospital dietitian, to the dietitian in public health service, the dietotheropist, the lunch room and cafeteria manager, the hotel dietitian, in fact, to anyone in any wise concerned with either scientific or practical phases of food service.

The program follows:

MONDAY, OCTOBER 25

MORNING SESSION

Meeting of executive committee.

AFTERNOON SESSION

Section on Administrative Work; chairman, Miss Mabel C. Little, hospital dietitian, Norwalk, Ohio.

General Subject: "To What Extent Can Mechanical Equipment Replace Employees in Institutional Work?"

Ten-minute talks:

College dormitory, Mrs. Elizabeth Grider, Cornell University.

College dining room, Miss Cora Colburn, University of Chicago.

General discussion of equipment.

Menu making—its economic aspect:

Dormitory, Miss Elsie Leonard, University of Wisconsin.

Hospital, Miss Marguerite Deaver, Mt. Sinai Hospital, Cleveland.

Cafeteria, Miss Emma Baker, Whittier Hall, Teachers College; Miss Smith, War Risk Bureau Cafeteria, Washington, D. C.

Economical Buying for the Institution.

EVENING SESSION

Address of welcome by the president, Miss Lulu Graves, Cornell University.

Address, Dr. Alonzo E. Taylor, University of Pennsylvania.

TUESDAY, OCTOBER 26

MORNING SESSION

Marketing, Miss Susannah Usher, Boston.

Application of Business Principles to the Organization of Institutions.

Training for Administrative Positions in Cafeterias, Mr. Roland White, the Colonnade Company, Cleveland.

AFTERNOON SESSION

Section on Social Service; chairman, Miss Blanche M. Joseph, field dietitian, Emanuel Mandel Dispensary, Chicago.

The Supervising Dietitian in State Institutions, Miss Theresa A. Clough, Springfield, Ill.

Social Service in Dietetics, Miss Fairfax T. Proudfoot, University of Tennessee.

EVENING SESSION

Diet and Dentition, Dr. W. J. Gies, College of Physicians and Surgeons, Columbia University.

The Dietitian in Public Health Work, Dr. E. A. Peterson, director of Department of Health Service, American Red Cross, Washington, D. C.

Diet and the War, Mrs. Mary de Garmo Bryan.

WEDNESDAY, OCTOBER 27

MORNING SESSION

Address, Dr. Katherine Bement Davis, general secretary, Bureau of Social Hygiene, New York.

Address, Miss Emma Gunther, Teachers College.

Research in Dietetics, Miss Hilda Croll, Woman's Medical College, Philadelphia.

AFTERNOON SESSION

Section on Teaching; chairman, Miss Katherine Fisher, Teachers College.

Dietetics for Nurses, Miss Lenna F. Cooper, Battle Creek Sanitarium.

Methods of Teaching Dietetics to Nurses, Miss Marion Paterson, Swedish Hospital, Minneapolis.

Review of Literature on Dietetics, Dr. Ruth Wheeler, Goucher College, Baltimore.

EVENING SESSION

Address, Miss Sarah Louise Arnold, dean of Simmons College, Boston.

Some Dietetic Problems of Infancy and Childhood, Dr. Roger Dennett, assistant professor in the diseases of children, Post-Graduate Hospital, New York.

THURSDAY, OCTOBER 28

MORNING SESSION

(At Teachers College)

Economic Aspects of Buying Meats, Mr. John H. Kelley, buyer, Arthur Dorr Markets, Boston.

The general sessions will be held in the ball room of the McAlpin Hotel. A display of kitchen equipment and food materials will be on exhibit in the Winter Garden, which is on the same floor as the ball room. The McAlpin Hotel offers a most satisfactory and comfortable arrangement for the meeting as well as for the general welfare of the Association. The ball room seats five hundred (500) people and is on the twenty-fourth floor of the hotel. It is reached by express elevators.

The entire sixth floor of this hotel is devoted exclusively to women and unaccompanied women may go directly to this floor and register.

The McAlpin was recently awarded the highest rating by the Board of Health in a city-wide inspection of restaurant sanitation and methods. The confidence inspired by the immaculate conditions of kitchen equipment and food preparation adds much to the pleasure of dining in the McAlpin.

The following New York hotels have submitted rates:

McAlpin—	
Single room, running water	$3.00 and up per day
Single room, with bath	4.00 and up per day
Double room, running water	5.00 and up per day
Double room, with bath	6.00 and up per day
Annex—	
Single room, running water	3.00 and up per day
Single room, with bath	4.00 and up per day
Double room, running water	4.00 and up per day
Double room, with bath	5.00 and up per day
Waldorf-Astoria—	
Single room	4.00 and up per day
Single room, with bath	6.00 and up per day
Double room	6.00 and up per day
Double room, with bath	8.00 and up per day
Commodore (all rooms have bath)—	
Single room	3.50 to [illegible] per day
Double room	6.00 to 10.00 per day
Pennsylvania (all rooms with bath)—	
Single room	4.00 to 6.00 per day
Double room	6.00 to 9.00 per day

OCCUPATIONAL THERAPY, VOCATIONAL RE-EDUCATION AND INDUSTRIAL REHABILITATION

Conducted by DOUGLAS C. McMURTRIE, Secretary Institute for Crippled and Disabled Men and MRS. CARL HENRY DAVIS, Adviser in Occupational Therapy, 825 Lake Drive, Milwaukee, Wisconsin

PATION AND THE HOSPITAL CHILD

A. DUDENHOEFER, Director of Occupational Therapy, Milwaukee Children's Hospital, Milwaukee, Wisconsin.

go through a children's hospital? If you can do yed, God have mercy on you!"—*Saturday Evening*

e poor, sick, and crippled child at the Milwaukee n's Hospital, occupational therapy has come as a odmother, dispensing its gifts of contentment, good and successful endeavor. Where children's faces ere dull, only to show interest as some fellow , enveloped in ether, was being carried in from rating room, there now are faces eager and happy of interesting occupations.

pation is brought to the children in the sun porches rds of the two-story hospital building. Medical, dic, and surgical cases whose length of stay varies ne week to nine months comprise the class. The s almost entirely bedside. There are only a few tory cases, for the reason that patients are dis- when convalescent, returning to the out-patient nent for further examination or treatment.

work is given to any patient without consulting se physician. From 9:30 to 11 A. M. the children their various tasks. Some are permitted to work supervision during the afternoon.

Varied Interests Kept Alive

an interesting group of youngsters. Their ages from four to twelve years. Although the greater are Americans, many come from the homes of Milwaukee's laboring class, the majority of whom are foreign born. All nationalities are represented, and occasionally a "Chocolate Drop," as the nurses playfully call the colored child.

The wards are transformed into busy workshops, quite different from the cold severity of the traditional hospital. Here is Jane, who, suffering from burns and not able to use her hands for months past, is now winding wool on a cardboard to make a brightly colored ball. Though her burned lips will scarcely permit her to smile, her eyes tell how happy she is over her achievement. Joseph is an Italian boy, an appendicitis case, sent in from a farm school where boys from the Juvenile Court are taught to be useful, reliable citizens. He is industrious and weaves a six-inch raffia mat in one day. Tiny stitches taken on a hot-dish holder for mother predict that Mary, a shy colored girl, may have a future as a seamstress. William, a tubercular hip case, finds lying on his extension frame not nearly so hard if he can weave a tie on a small loom. Archie, upon whom a spine graft has been made, begs for a box containing letters with which to build words during the time that he is compelled to lie on his stomach. Steve, of subnormal mentality, easily discouraged, has shown marked improvement. A few months ago he showed no interest in work. The expression of his face was always sad. Now he attempts any kind of work and is smiling and successful.

ulatory patients find this a delightful room in which to work and play.

The frosty air of the porch proves no barrier to busy little hands. Bedside work in the ward.

The occupations appeal to the heart of the child. There are sewing cards of kittens, birds, fruit, and flowers,

John, proud of his ball, is now weaving a raffia mat.

stitched in brightly colored silks; stuffed animal toys; horse-lines knit on spools; rake knitting of scarves and caps; crayon-colored pictures; block printing; tying and dyeing of muslin for table covers; kite making and cut-outs of all kinds. Picture puzzles and picture books amuse the child who is too sick to work.

One morning every week is devoted to the reading and telling of stories. The children appreciate the weekly excursion into fairyland, and the dramatization of "Peter Rabbit," "Cinderella"; or a three-ring circus with the aid of paper cut-outs brings forth shouts of joy. The days before Christmas, Easter, Hallowe'en, St. Valentine and other holidays are thrilling in the preparation of articles for their celebration.

Educational Ideas Utilized

To some minds, the educational value of occupational therapy may appear somewhat obscure. It has been a habit to think of education in terms of the three Rs. The broader conception of education embodies all mind development. It may be through hand training, or the discussion of topics relative to the material used. While a child is weaving a raffia mat, his fund of knowledge can be increased by telling him that raffia is stripped from a vine-like plant growing in the East Indies. A geography given him to locate the East Indies on the map may arouse an interest in the countries of the world which he would otherwise never possess. It may be through the playing of games, such as authors or anagrams. The idea that an island is a portion of land entirely surrounded by water may be impressed upon a child's mind as he blows soap bubbles. The soap suds on the water in his cup offer a graphic illustration of the newly acquired fact. These are only a few of the coun less opportunities presented to the occupational therapi to impart knowledge to the hospital child. Her influen is also highly conducive to character building and th formation of correct mental habits because of her clo contact with the individual through the daily and natur medium of work.

Definite Principles Involved

In giving occupation to the hospital child, the instructo keeps the following principles in mind:

1. The task must be so simple that success is assure It then acts as a stimulus to further effort and awake that feeling of just pride and self-reliance which is th rich reward of painstaking application.
2. Quickly completed articles are best. A child's inte est, especially that of a sick child, cannot be held to o occupation for a great length of time.
3. Children demand something new. A change of pr gram and a variety of occupations are necessary.
4. Each article must be completed. This helps in deve oping his powers of concentration and in the formatio of the habit of perseverance.
5. Initiative should be developed. Follow the child ideas as far as possible. Let him select his own colo and work out his own designs with the help of an occ sional suggestion.

Value Evident

That the hospital child needs occupational therapy a much as the adult may be readily understood. The chi entering the hospital finds himself in a new environmen Very often it is his first flight from mother and hom

Heinz weaving a tie in spite of body cast.

es under the restrictions to which his condition ed him. His mind must be diverted from his ills, someness must be dispelled. His surplus energy utilized in some constructive manner. It is g how soon after an operation a child is ready activity. In one instance, an extension operative been an interested worker while on his frame d a desire to continue his work an hour after his been put on.

ational therapy aids in keeping a high standard le. We have found that there is no better way lining the refractory child than to take his work m while the rest of the children are occupied. he doctor in his judgment of the proper time to e his patient. It helps the nurse, who was forard put to find diversion for her charges. Ever e would distribute toys without discrimination, aim being momentarily to stop the cry of the little one. In this way the child's mental powers t developed nor was the recovery of the muscles rm, wrist, or fingers aided. It may become a f determining the natural bent of a child's mind ay he responds to the various lines of occupation. evelopment through hand training is often the ucation. Vocational guidance cannot begin too the life of an individual. Theodore Roosevelt f you want to do anything permanent for the

Bedside work in the ward.

man, you must begin before he is a man. The of success lies in working with the boy."

ork at the Children's Hospital has been made pos- the Junior League of Milwaukee, which has l and financed the department, as well as pro- olunteer assistance.

g the past four months the aggregate number of has been 359. The children have worked, in all, urs. The physician uses the accompanying form cribe the number of hours a patient may work instructions applicable to his condition. A daily sheet showing the number of hours, the kind of on or amusement material and cost is kept for tient. When the patient is discharged, this record with the medical record. Monthly reports of the of patients, the number of working hours, the material, together with the expenditures, are sub- o the Junior League. Sewing cards, cut-outs, and colored pictures are given to the children. If a

"Our Chocolate Drop" making a ball.

patient completes two saleable articles, he keeps one and the other is disposed of at some future sale.

The success of occupational therapy in any hospital is largely dependent upon the cooperation of the hospital management. The department at the Milwaukee Children's Hospital has been particularly fortunate during the past six months, in the cooperation of the trustees, the physicians, the nurses and especially of the superintendent. Their words of approval and kindly comment upon the efforts of the children have been a source of encouragement to pupils and instructors alike.

The bay window of the ward where patients spend their first days out of bed.

Copy of Daily Record Sheet.

MILWAUKEE CHILDREN'S HOSPITAL
Occupational Therapy Department.

Name, Marcella Makowski Hosp. No.—8687
Ambulatory or Bedside

Date 1920	Occupation or Amusement	Hours	Material	Cost
Wed., Apr. 14	Crayon Coloring—Spelling	1½		
Thurs., Apr. 15	Ball—Spelling	1½		
Fri., Apr. 16	Ball	1½	Wool	.20
Sat., Apr. 17	Stories	1		
Mon., Apr. 19	Embroidering Stuffed Cat	1		
Tues., Apr. 20	Embroidering Stuffed Cat	1		
Wed., Apr. 21	Embroidering Stuffed Cat	1¼		
Thurs., Apr. 22	Embroidering Stuffed Cat	1½		
Fri., Apr. 23	Embroidering Stuffed Cat	1½		
Sat., Apr. 24	Stories	¾		
Mon., Apr. 26	Embroidered Stuffed Cat	¼		
Tues., Apr. 27	Embroidered Stuffed Cat	1		
Wed., Apr. 28	Stuffed Toy—Cut-outs	1½		
Thurs., Apr. 29	Holder—Spool-knitting	1½	Gingham	.05
Fri., Apr. 30	Stuffed Toy—Sewing Card	1½		
Sat., May 1	Stories	½		
Mon., May 3	Sewing Card	1		
Tues., May 4	Ball—Sewing Card	1		
Wed., May 5	Ball—Crayon Coloring	1		
Thurs., May 6	No Work	...		
Fri., May 7	No Work	...		
Sat., May 8	Stories	¼		

REPORT:—This patient comprehends and works fast, but cannot concentrate for any great length of time.

Elsa A. Dudenhoefer, Director.

Hospital No.—8696
Date, May 25, 1920.

Physician's Prescription Form.

MILWAUKEE CHILDREN'S HOSPITAL.
Occupational Therapy Department.

Name of Patient, Sophie Sczesny.
Ambulatory or Bedside Occupation: Bedside.
May work 3 hours, from 9:30 A. M. to 11:00 A. M.
2:00 P. M. to 3:30 P. M.
Ailment: Potts Disease—Orthopedic.
Physician's Instructions—

Francis P. Dolan, Attending Physician.

HEALING THE LAME, THE HALT, AND THE BLIND IN SERBIA

You will probably have difficulty in finding Gostivar, or Kostivar, on your maps. It is midway on a line from Tetova to Dibra. It is in the mountains, and many of the surrounding towns are reached by trails only.

The town itself has 10,000 inhabitants, but had no doctor until Lieut. T. B. Reed, M.C., U.S.A., and son of Dr. Orville Reed, president of the Board of the Serbian Relief Commission of America, arrived on February 23, 1919, "personally conducting" his own supplies. Two days later, the ladies of his unit appeared. Miss Bogart, who was in charge, took for herself perhaps the least attractive job, that of homemaker and housekeeper, while Miss Bateman conducted the social service work, and Miss Johnston, Miss Giles and Miss Ross did the professional nursing.

To complete the personnel of the hospital were two Jugo-Slav interpreters, Nick and Ely, both ex-residents of America, and an automobile ambulance, that almost human, all-essential auxiliary to such a unit. A day's work of this little Ford at Gostivar includes: bringing emergency supplies from Skoplje; bringing sick into the hospital; taking convalescent patients home; occasional sick calls to villages; transporting representatives of the American Red Cross to towns to superintend food distribution; bringing shipments from the railroad station; and investigating sick and poor.

From the moment the hospital was opened, things started with a rush, owing to the fact that typhus fever was spreading among some refugees in town, and cases had developed among the townspeople. A temporary tent was erected in the back of the hospital ground, mad from a canvas which had covered the supplies on th train; after which the work of delousing the typhus case among the refugees, and getting them into the tent wa begun. Clothing from all refugees was run through an ol Austrian sterilizer; and those with typhus had their hai clipped and were given a bath in petrol. The cases o typhus among the townspeople were dealt with in thei homes, and police were furnished to see that isolation wa complete. Miss Bateman was instrumental in gettin better quarters for the refugees and this generally facili tated the control of typhus.

The hospital was opened to other types of disease abou March 18, but only to surgical cases which seemed mos urgent. These varied from bomb wounds, excisions an amputations, to hare-lip and circumcision.

The hospital proper consists of two small wards, eac holding only six or seven patients. The rooms down stairs are kitchen, storeroom, a place for the interpreter and chauffeur to sleep, and a space where drugs ar kept; upstairs, there is a very nice operating room wit a home-made table. In the garden, besides the ward tent which holds from 12 to 14, is a steam sterilizer for sur gical materials and delousing, the old typhus tent, nov used as a laundry, and farther on, the incinerator an sewerage disposal pit.

The out-patient department is conducted every Tues day, Thursday and Saturday afternoon from 2 until or 6 o'clock, with an average of about eight hundred case during the month. Over 50 per cent of these cases ar tuberculous in origin—lungs, bones, joints, skin, hands feet, etc. Next to the tuberculous diseases, the mos numerous are eye cases, and among these trachoma i most prevalent.

Patients come from great distances, in ox-carts or o foot, the farthest being a four days' journey in an ox cart. On a good out-patient day, one may see an ox-car or two, and many Macedonian donkeys lined up in fron of the hospital, all having brought sick to be treated The people, as a rule, are appreciative, and say "Fola (Thank you) on leaving.

The little hospital is self-supporting (from its ow provisions) though the town has helped in many ways Supplying two good houses—one for the hospital and on for the Red Cross personnel home; furnishing an abund ance of fuel wood; baking all the bread for the hospital raising any amount of manual labor when requested, et The staff is planning on a large out-patient departmen in other villages, social work, and a campaign for hygiene also, to get some of the better class of Serbian wome interested in nursing so they will go to the Serbia Nurses' School at Belgrade.

About his work and its problems Lieut. Reed writes:

"From a very short stay here, it seems to me that th needs in this region, looking to the future, are as follows

"1. Education: Agricultural; hygiene and sanitation medical (antituberculosis campaign with moving pi tures).

"2. Drugs: Quinine free, and in large quantities, wit educational work on malaria to go with it.

"3. Food: Planting of wheat is good, crops encourag ing, and food should not be a problem long.

"4. Clothing: Most people here prefer their own home spun garments; clothing is not badly needed, but clot is; underclothing is unobtainable and, I am told, elsewher in Macedonia is equally scarce.

"A permanent hospital is truly needed here, and if th doctor could be found to run it, I feel sure the peopl would support it. We could fill 150 beds in a week we had them. We are daily turning away many case we could help, were it not for lack of room."

VENEREAL DISEASES AND THE HOSPITAL

Conducted by ALEC N. THOMSON, M.D.
Director, Department of Medical Activities
The American Social Hygiene Association, 105 W. Fortieth St.,
New York City

ACHUSETTS STATE CLINIC FOR TREATMENT OF VENEREAL DISEASES

TER M. BRUNET, M.D., Associate Director, Department of l Activities, The American Social Hygiene Association.

September eleventh number of the Boston *Med- Surgical Journal* there appeared an article writ- Eugene R. Kelley, M.D., the Massachusetts State ioner of Health, entitled "The State Clinic for nt of Venereal Diseases." The paper goes into regard to the reporting and treating, the educa- ork, and the clinical and follow-up procedure con- vith the venereally infected. An important step unction of the clinic is the cooperation with the the judges on the benches are beginning to appre- at many mental defectives are found among the ought in for prostitution, solicitation, pandering, utory offenses. That there is a need for hos- ion of a number of the acute venereal cases the ays:

o the extent of the actual need for hospital beds e venereal cases, my personal opinion and that executive staff of the State Health Department more conservative as time goes on. The need for dormitory care for convalescent ambulatory fe- norrheal carriers is a real one and is a field that far from properly developed. But just how far general hospital beds are needed beyond those ailable is, I believe, a question that cannot be d dogmatically at the present time. It is a field h active cooperative study by venereal disease and general hospital administrators is clearly

thing is certain. A very marked change in the of general hospital administrators is observed e present is compared with the situation only two go. Three distinct methods of meeting the ques- being utilized: (1) setting aside definite wards d to these cases and treatment of patients in- vith venereal diseases. This plan involves consid- xtra maintenance charge, but has many commend- tures. The Massachusetts Homeopathic Hospital Worcester City Hospital have followed this plan, oviding twenty beds for female patients; (2) an- ystem is to keep available a limited but elastic of beds for venereal cases in conjunction with eral wards; in some instances there are still fur- trictions in this plan. For example, the Massa- General Hospital assigns beds only as there are r them from their own out-patient department. Bent Brigham Hospital accommodates a limited of Suffolk County residents; (3) the third policy wed by certain institutions which, as a rule, are e only for distinct social groups. In this group the institution has no limit as to cases accepted, provided only that they are eligible for treatment in the institution. The State Infirmary at Tewksbury, the New Bedford City Hospital, and the United States Marine Hospital at Chelsea are examples of this group."

Facilities now available for hospitalization are as follows: In the state hospital at Tewksbury as many beds as are required are used for this purpose; the Massachusetts General Hospital maintains sufficient beds to meet the needs of the out-patient department; the Massachusetts Homeopathic Hospital has twenty beds for women, at regular hospital rates; at Peter Bent Brigham Hospital only a limited number of Suffolk County cases are accommodated; New England Hospital for Women and Children maintains three beds at full ward rates.

Boston has, in addition to Long Island Hospital, as many beds as are required; Boston City Hospital maintains sufficient for urgent cases; New England Baptist Hospital will accept acute cases of venereal diseases; Talitha Cumi Maternity Home and Hospital, Jamaica Plain, takes gonorrhea cases; and the United States Marine Hospital takes venereal disease cases.

Accommodations throughout the state for venereal disease cases are as follows: Fall River admits as many from clinics as necessary; Worcester City Hospital will soon be able to accommodate twenty; Lynn Hospital admits a few cases; Bridgewater State Hospital, State Farm, takes venereal disease cases; Franklin County Hospital, Greenfield, will accept acute cases of venereal disease; Holyoke City Hospital, Holyoke, will accept cases of venereal disease; Nantucket Cottage Hospital, Nantucket, will accept cases of venereal disease; Almshouse Hospital, New Bedford, has separate building for venereal disease cases; Chelmsford Street Hospital, Lowell, Charity Department, takes venereal disease cases. Newton Hospital, Newton, will accept acute cases of venereal disease; City Hospital Almshouse, Springfield, accepts venereal disease cases, free treatment; House of Mercy Hospital, Pittsfield, accepts patients from the venereal clinic.

INDIVIDUAL TREATMENT RECORD TRANSIENT

This interesting transient clinic record is one issued by the Ohio State Department of Health.

On the first page is printed the following:

"This record is intended for the use of persons whose business or profession does not permit them to complete a course of treatment with any single physician or clinic.

"Presentation of this card at the office of any city department of health will entitle the bearer to be directed to a reputable physician or a public clinic.

"Always be sure that the physician or clinic chief makes a proper entry of your treatment. This entry comprises the date, amount of drug used, and signature of the physician.

"Additional copies of this record may be had by calling at the public clinic in any of the following cities, or by a letter addressed to Ohio State Department of Health, 8 East Chestnut Street, Columbus, Ohio."

At the bottom of the same page is a list of addresses of sixteen clinics in the state.

HISTORY

Date_____ 192__

Name Age

P. O. Address—Permanent

Profession or Industry

Specific duties

Present illness: Incubation

Duration

Character discharge lesion

Frequency of mict diurnal nocturnal

Adenitis

Eruption

Other symptoms

TREATMENT

Date	Treatment	Phys. or Cli

Comp. Fix. ...ues			Darkfield			Gram			Urine		
Date	Lab. No.	Result	Date	Lab. No.	Result	Date	Lab. No.	Result	Date	Lab. No.	Res

On the fourth page are printed instructions for patients with gonorrhea and syphilis.

The inside pages are as illustrated in the figure.

The American Social Hygiene Association is endeavoring to act as a clearing house for such items as this, and to spread broadcast new ideas relating to clinics, hospitals, etc. Such a record is of great value, as it will enable doctors to give patients more intelligent and careful treatment, and interest patients in their condition; thus resulting in better and closer cooperation between physician and patient.

VENEREAL DISEASE SERVICE FOR SEAMEN

The problem of providing clinic and hospital diagnostic and treatment facilities for the merchant seaman is beset with greater difficulties than usually surround this difficu problem of hospital and dispensary activities.

The Broad Street Hospital, New York City, has alway had to consider the peculiar problems of the seafarin men from all angles of hospital administration, becaus of its situation upon the waterfront, most southerly tip Manhattan Island. As the sailor cannot adhere to fixe clinic hours, because of his comings and goings, sho notice, the difficulty of obtaining shore leave and variou other factors beyond the individuals' control, the Broa Street Hospital has for some time past, in order to me this need, been in the habit of maintaining its clinic facil ties practically at any time throughout the day or nigh This, to a considerable degree, has been accomplished l placing upon the staff a resident Urologist who is on ca at all hours. One floor of the hospital building is devot to the urologic service which includes gonorrhea a syphilis and consists of one ward, a semi-private war and private rooms. On this floor there is located a w equipped treatment room, and the usual administrati necessities such as toilets, bath, diet kitchens and t like. The hospital is about to extend its facilities by i cluding an old building adjoining the hospital on Sou Street. In this building, which is now in process alteration, will be established the new dispensary, x-r department with special facilities for treatment of venere

It is planned by the Urological Service of the treet Hospital to provide each patient upon com- f the treatment available through a hospital and ry, with a card which will cover salient points of s case during the time that he was under the care epartment of Urology, with recommendations for treatment during the voyage and reference, possible, to clinics, hospitals or physicians at port of call.

nited States Public Health Service, established in a clearing house for seamen known as "The s Service Center." While the center proposes to clearing house, through which the sick, needy or sailors of the merchant fleets of the world may be ed to cooperating social agencies or individuals iled help, and, when necessary, sent to institu- spitals, or dispensaries for proper care and treat-

are various agencies in the city of New York for d similar purposes, and it is the object of this act as a clearing house through which the sea- y be directed to the assistance they need. The portant function will be the care and treatment n suffering from gonorrhea and syphilis. In de- the center in the Public Health Reports for Jan- 20, E. W. Scott, Past Assistant Surgeon, U. S. , says, in part:

creation of the center does not mean that a new tion has entered the field, but rather that an being made to coordinate and centralize the work isting organizations in the city. Every organiza- ing to be of service to merchant marine seamen is cognized by the center and its facilities are to be No individual organization loses its identity, nor tailed in its activities. On the contrary, each or- n will be stimulated and assisted to develop a ld of useful action; each specific requirement to d out by the organization best fitted to meet the r need of cases.

will be maintained at the center, however, facili- examination and diagnosis, and there will be in ce at all times medical officers who will function entiators. When a seaman presents himself com- of feeling ill and asking for direction to a hospital he is to be given a careful physical examination. t length of time he is to be in port, will be ascer- nd his case handled accordingly. He will be kept servation while in the hospital, and any personal hat may be required will be looked after by the fficially detailed as his visitor. If he is an ambu- se and is referred to a clinic for treatment, it will tained whether or not his ship carries a surgeon; is ship does not carry a surgeon he will be given and equipment for his treatment during the voy- explicit directions as to how to use same. If he e to pay for this service, it will be furnished to of charge. This branch of the work will be given attention in cases of infection with either gonor- syphilis. He will also be furnished with names resses of reputable physicians or of an authorized hospital at the first port he strikes, and with a f the diagnosis, history, and previous treatment of Nurses and others trained in social service and o work will serve when needed and keep records ses handled through the center.

experience of two years' work with venereal-dis- trol among civilians, including seamen, has proved do effective work several things must be done. t important of these are provisions for maintain- ing certain health standards and recreation and follow-up work; and to achieve this end for seamen the Seamen's Service Center has been established. As this work is to be carried on with men who have but limited social opportunities, it is difficult to do effective work, and the plan under way is to create a system of effective social work which will provide safeguards for seamen while ashore and to create opportunities for them to improve their physical condition and social status, rather than expose themselves to hazards which may undermine their health and future welfare."

The Seaman's Service Center, which is located at 21 Coenties Slip, New York City, will maintain a Bureau of Information for the dissemination of information regarding available rooms, boarding houses, laundries, recreational and social facilities. In closing his article, Dr. Scott says:

"A twenty-four hour medical service will be maintained in order to care for seamen becoming ill or meeting with accident at times when the steamship offices or the consular offices are closed. A system of hospital and dispensary social service will be maintained for all hospitals and dispensaries making a specialty of treating merchant seamen.

"In developing the American merchant marine there is no more important field of activity than that of making the life of American seamen more attractive, and offering opportunities for social environment that is interesting and beneficial.

"To do these things will be the object of the New York Center, which should become the pioneer of other similar institutions to be established at the leading American ports."

THE X-RAY MOVIE

Combining in a single apparatus the moving picture camera and the x-ray machine, two French scientists, Drs. Lormon and Comandon, have worked out a "radio-cinematograph" which makes possible movies of the interior functioning of living organisms. Although not yet entirely perfected, the new invention has reached the practicable stage, and it opens up new fields of investigation which radiology will not be slow to enter.

Medical experts attached to the American Red Cross Commission to Europe are already considering its application to special problems raised by the unprecedented epidemics now sweeping central and eastern Europe.

Discussing the invention, Dr. Lormon states that the greatest difficulty encountered was the danger of thermic infiltration by the ultra-violet rays during the photographing of the subjects. To overcome this difficulty the inventors devised a method for changing the character of the rays employed, an achievement comparable to the original discovery of the Roentgen ray.

AUTOMOBILISTS START SAFETY CAMPAIGN

A central committee of seven members has been organized in Massachusetts to start an extensive campaign for the prevention of automobile accidents. Widespread publicity will be employed by educating the children in public schools on the rules of the road and by making use of the motion picture to arouse the interest of the public in the situation. Posters will be spread broadcast. The conference outlining this work was attended by automobile dealers, insurance men, and others interested. That such intensive work is necessary is evidenced by the appalling increase of accidents of this kind, which cost Massachusetts 180 children killed or hurt in May.

QUERIES AND ANSWERS

HOUSING HOSPITAL EMPLOYEES AND NURSES

To the Editor of THE MODERN HOSPITAL:

To what extent should nurses and help be quartered in the hospital building? SUPERINTENDENT OF NURSES.

From an ideal standpoint, there is no reason whatever for the institution's housing any part of its personnel, with the exception of its resident medical staff and an emergency scrub woman or two. It has been established that every member of any organization renders a better service by getting away from the environment of his or her work. In the matter of nurses' training schools as they are at present organized, and with the necessity of supervision of the living conditions of nurses, it has been deemed expedient to house them in nurses' homes, which, for the lack of a better solution, must be accepted at this time.

With the extreme shortage in help and inability to control help, it has been thought that better control is exercised by having them live in the institution, but under normal conditions, domestic help, employees mechanical department in the laundry and the dietary department, and all members of the administrative force, should live outside the institution, keeping in the institution the nursing force, probably a first and second cook, and the resident staff.

PROVIDING TOILET FACILITIES

To the Editor of THE MODERN HOSPITAL:

What toilet accommodations should be provided for patients and nurses in the hospital, exclusive of those in the nurses' home? SUPERINTENDENT

It is doubtful if any hard-and-fast rule can be made to determine the proper number of toilets and lavatories which should be provided for patients and nurses. The number will be dependent to a large extent upon the arrangement of the building and to the class of cases in the hospital.

Generally, one toilet and one lavatory for each ward of twenty-four beds or less, plus one toilet and one lavatory in each toilet room, should prove sufficient in a general hospital. That is: there should be at least two toilets in each toilet room, with an additional toilet for each ward served. If a toilet room can be placed conveniently to serve two or more wards, ample provision can be made with the use of fewer fixtures.

A toilet compartment for each private room or a compartment common to each two private rooms is a very popular arrangement, and rooms with this provision command higher rates than rooms without toilets. If it is not feasible to provide these small toilet rooms, general toilet rooms for private patients should have about the same number of fixtures as described for ward toilets.

Suites for private patients, with private bath rooms, should be provided in limited number, dependent upon the number of patients who may be expected to be able to pay the necessarily high rates for such accommodations.

In a special hospital, where the proportion of ambulatory cases is large, the toilet facilities should be more ample than in a general hospital.

It is convenient usually to provide a nurses' toilet in or near each duty room, although the arrangement of the building may make less accommodations for nurses practicable.

There is a tendency to provide more fixtures in hospitals, especially bath tubs, than ever are actually needed.

THE MATTER OF HOSPITAL RECORDS

To the Editor of THE MODERN HOSPITAL:

Has a hospital the legal right to open its records of a patient to anyone making the demand; for example, in the case of a doctor who comes to the hospital to find out what was the matter with, and what was done to, Mrs. Blank, at the time of her operation; and in the case of a parent who inquires what was the matter with her daughter, who it is understood is not very anxious that her mother should know the facts? SUPERINTENDENT.

The hospital has not the legal right to open its records of a patient to anyone making the demand. In every case the hospital should carefully guard the histories for the welfare of the patient. In the case of Mrs. Blank, the hospital should have a written request from her asking it to give the information to the doctor. The hospital should also have permission from the surgeon who operated upon Mrs. Blank. Mrs. Blank's written request together with the surgeon's permission should become a part of the history, together with the full name and address of the doctor receiving the information.

In the second case, if the daughter is a minor, the parent, being responsible for the daughter, has the right to know the facts in her case. If the daughter is of age, the hospital should receive written permission from the daughter together with the permission of her doctor.

HOSPITAL ORIENTATION

To the Editor of THE MODERN HOSPITAL:

What is the ideal orientation for the hospital and for its wards and porches? ARCHITECT.

The ideal orientation for the hospital will be determined by its location. In the temperate parts of the country a hospital building is ideally oriented, of course, when the long axis of the building is north-and-south, as this location of a building insures that the rooms will receive sunlight for the longest possible part of each day. Local climatic conditions, especially in the South, may require that the orientation be made with reference to some other factor, such as a prevailing wind.

e best orientation can be obtained without freak
g it will be advisable to have it, but considerable
e should be taken in orienting the building if the
s a better interior arrangement and a more orderly
ion of the hospital on its site.
ia should, naturally, have a southern exposure,
in the northern states there are about 150 days
ear in which shade is more grateful than sun-
t is advisable also to provide balconies which will
hade the greater part of the day.
rticle on "Orientation" appeared in the February,
ssue of THE MODERN HOSPITAL.

OUND DEADENING CONSTRUCTION

ditor of THE MODERN HOSPITAL:

ld sound deadening be employed in hospital con-
on, and what methods and materials can best accom-
his purpose? Are concrete floors adaptable to hos-
se, and if so, what is the best way to minimize the
ncident to their use? ARCHITECT.

spital building of standard fireproof construction
found to be sufficiently sound proof if a few simple
ions are taken.
halls should be enclosed in any case to prevent the
of fire and these enclosures will prevent the passage
d from story to story.
ent plasters are harder and more resonant than
ortar, and transmit sound to a greater extent, so
e use of lime mortar effects a considerable degree
d deadening. As lime mortar is not so fool-proof
ory mixed cement plaster, it is necessary to take
lar care to have it properly mixed and applied, in
case it will be found perfectly satisfactory.
eries, labor rooms, and delivery rooms, and other
in which there is likely to be noise, should be en-
by double partitions, with an air space between,
ors to corridors should be double, with a heavy felt
ing. Any sashes between these rooms and a cor-
hould be double glazed. It is advisable to provide
les between corridors and nurseries and maternity
ng rooms to lessen the chance of sound reaching
atients.
cheapest satisfactory floor for a hospital is cement
first with felt and then with linoleum, both the
d the linoleum being cemented down solid. Such
will not transmit sound to the floor below. Ceil-
any case should be furred and metal lathed, thus
ng an air space, which is a sound deadener.
he present time good linoleum is scarce and high
and may not be found immediately available, but
should be anticipated by providing shoulders on
m bases so that the linoleum will finish even with
es at the bottom of the bases. Door saddles should
ted at the edges so that they will cover the edge
linoleum and hold it down.
e are a number of floorings other than linoleum on
rket suitable for hospital use and which will deaden

eat deal can be done in planning, to keep noises
atients' rooms, if it is kept in mind that rooms in
there is likely to be noise, not only hospital rooms
ms such as kitchens, receiving rooms, and serving
should be placed where they will not face patients'
nor where the noise can be reflected from nearby
res to patients' rooms.

Chicago Nurses Club has a beautifully furnished
om overlooking the lake. The room will be avail-
r nurses' meetings and conferences.

A NOTABLE COMMUNITY WELFARE SERVICE

The social settlement is perhaps the one social movement which consistently respects the family and all its interests, insisting that no work for better social conditions can be sound, unless there is a relationship of respect and sympathy between parent and parent, and between parent and children.

"The summer program of Godman Guild House, Columbus, Ohio, is an interesting insistence upon the fairness of consideration of all the elements of the family," writes J. W. Wheeler in the *Bambino*.

While the Godman Guild House is a daily center, during the summer months there are three features—the public baths, the community gardens, and Camp Johnson—which have been worked out on the basis of the more apparent needs and desires of the community in the direction of good citizenship.

The bath house was built for the purpose of public education in the health needs of the community, and to furnish baths for those who do not have bathing facilities in their homes. It is designed to care for all ages and sexes of whatever color, and all necessary accessories are supplied. The cost is fifteen cents for men, five cents for women, and one cent for children. In some cases baths are provided free.

This low price causes a constant deficit which the Guild hopes to see wiped out by means of a permanent bath fund sufficiently large to advertise and expand the service, so that the 30,000 residents of Columbus who bathe infrequently or not at all, may be taken care of.

Last year the high cost of living received a solar plexus blow when over 500 families raised more than $20,000 worth of vegetables in the Godman Guild Community Gardens. The use of the land—62 acres along the Olentangy River—is donated by the Olentangy Boulevard Company. The past two years the plowing has been done gratis by different tractor agents. Each family has a plat 50 by 100 feet. They furnish their own seed and pay for watchmen, thus belying the myth that the poor will not embrace thrift, given the chance.

Here, entire families—including even grandfather and grandmother—of all races and nationalities engage in a happy enterprise which strengthens the community morale, lowers living expenses, and projects its pleasure well into the winter.

To enable the poor mother, with her large family of little ones, deprived of the support of the father, in whole or in part, to "carry on" is the mission of Camp Johnson. This place of comfort, rest, and pleasure is located on a farm at Flint formerly the property of Harvey Johnson, whose daughter Mrs. Louis St. Gaudens donated it for the purpose specified.

The Godman Guild has erected a dozen shacks, and a cottage for convalescents has been built by Miss Emma Jones in memory of Mrs. Julia A. Felton. The camp is open from the middle of June to about September 10, and is equipped to house about 100 women and children, the sole aim of this big family being to get well and strong.

Workers trained and devoted to the ways of making life worth while have the mothers work with them in mending their little ones' health, and lose no opportunity to broaden their understanding of their children. The bathing, the feeding, the resting, and the play are all done with the mother as a sort of head nurse.

Helping mothers to know that the most important task in God's world is to rear their children in good health and happy spirits is the great social contribution which Camp Johnson is striving to make more and more abundantly each year.

FOREIGN CORRESPONDENCE

HOSPITAL SITUATION IN ENGLAND DISCUSSED

The eighty-eighth annual meeting of the British Medical Association, which opened at Cambridge on June 25 and closed on July 2, 1920, was very successful. The first three days of the meeting were taken up with the annual representative meeting. The following resolutions were adopted with regard to hospitals. Dr. Bolan, chairman of the Hospitals' Committee, submitted the following motion on behalf of the Council and it was unanimously adopted: "That for all work for soldiers and sailors, whether discharged or not, for any disease or injury connected with the war, undertaken at voluntary hospitals, the medical staff should be adequately remunerated."

The Representative Body adopted a motion "That the Representative Body is of the opinion that the suggested remedy for existing financial straits of hospitals, namely, to demand contributions in aid of their maintenance from the patients, fundamentally alters the basis of the relationship hitherto existing between the honorary medical staffs and the subscribers, and refers the question to the Council for consideration and report."

Sir T. Clifford Allbutt, who omitted part of his remarks on the voluntary hospital because the report of the Consultative Council of the Ministry of Health thoroughly covers that subject, confined his address to a consideration of the dilemma presented by the lack of funds, on the one hand, and fear, on the other, that public grants would discourage private munificence. The obvious solution is, of course, to secure grants in aid in some proportion to the amount raised by voluntary effort.

However, it was in the Section of Medical Sociology that the fullest discussion of the hospital situation in Great Britain took place. Sir George Newman, Chief Medical Adviser to the University of Health, discussed the situation of Poor Law beds in hospitals.

The number of hospitals in England and Wales is reported to be as follows: general hospitals, 594 with 31,329 beds; special hospitals, 222 with 13,654 beds; fever hospitals, 755 with 31,149 beds; small-pox hospitals, 363 with 7,972 beds; and Poor Law infirmaries, 700 with 94,000 beds. This gives us approximately 2,600 hospital with 178,000 beds, of which 700 institutions and 94,000 beds belong to the Poor Law. With regard to the Poor Law accommodation, it is to be remembered that all provision comes from the poor rate and is for persons in receipt of poor relief; that of the 636 Poor Law unions, only 54 possess separate infirmaries, of which 26 are in the London unions, 331 unions have "sick" beds in the cartilage of the workhouse, and the remaining 251 unions have no special in-patient accommodation; and that a large proportion, perhaps even one-third, of the in-patient accommodation in all the Poor Law institutions is empt
These points are important when considering the pra
ticability of transfer of Poor Law beds to the gener
community. No doubt, from the medical point of vie
the community stands in urgent need of more hospit
accommodations. With the anomaly of overcrowded ho
pitals and empty Poor Law beds, the solution of the pro
lem is further complicated by hospital problems frequent
overlooked. One of the chief of these is the tradition
system of purely voluntary financial support as oppos
to any form of government assistance and control. Al
hospitals must define their relation to each other, to co
tributory clinics, and to the insurance system; the medic
and surgical staffs must decide whether they will co
tinue to be honorary or will be composed partly, at lea
of general practitioners; provision for paying patien
must be made, and the out-patient department reforme

Mr. E. W. Morris, House Governor of the London Ho
pital in the East End of London, thinks the princip
of patients contributing as a matter of duty to the
treatment will partly solve the problem of maintenan
for voluntary hospitals.

Hospitals which could just secure enough volunta
help in the past now find that help insufficient. Hospita
—those fortunate ones—which, on account of their su
stantial endowments, have hitherto abstained from pub
appeal, now find their endowments all too little. But
the public has benefited, as it has, by the efforts of t
hospitals, that part of the public which has benefi
most directly of all, the patients, should contributed so
thing. All patients at the London Hospital are, the
fore, being charged one quarter of their cost as a "c
tribution towards maintenance,"—that is, one gui
($5.25) a week. This sum is not at all regarded as
donation. It is a definite charge, not for the servi
of physician, surgeon, or nurse; but for coal and fo
washing and light. The Ministry of Health might
regarded as having a moral obligation, although no le
one, to refund to the hospital part of the cost of tre
ing insured patients. Such a method of helping the h
pitals at this critical time would afford a means of r
dering substantial assistance without endangering
voluntary system.

Some other practical methods may easily be devi
for meeting the situation. Beds provided in all hospi
for patients who wish to benefit by the advantage of in
tutional treatment, either personally or by some in
ance scheme with private companies, might help. A p
erly remunerated whole-time clinical staff for the te
ing hospitals, instead of an honorary visiting staff,
not make hospitals less voluntarily supported than t
are now, when the bacteriologist, the radiologist,
chemist, the nurse, and the house governor are all p

I. Tenkins, Secretary of the Labor Party Health
e, is convinced that the remedy for the existing
is to be found in nation-wide insurance, everyone
is fair and proportional share of the cost.
MacDonald developed his idea of a State Med-
ce in which all forms would be coordinated. At
haps, it would be necessary to begin with a State
Service by itself. In any state service the med-
ession would have the greatest possible share
nanagement and control, without interference
state unless ample provision was not made for
possible service.
nes Barr, at a meeting of the Representatives,
the scheme as drawn up by the Medical Con-
Council of the Ministry of Health, if carried
in the way it should be, would cost £100,000,000
,000) a year for the first five years and £150,-
$750,000,000) a year for the next ten years. It
ly of little use to put forward schemes, however
nt, which are only ideal. To succeed, they must
cal. In the first place, at any rate, until the
scheme is brought to completion, the Ministry
will have very little money for anything else.
ing of new hospitals must be postponed until a
pitious season. The best use must be made of
rial at hand and coordination and management
placed upon a proper footing.
ilmot Herringham discussed the changes and
hanges in the methods of medical practice and
anagement of hospitals. In Great Britain there
lasses who obtain the best treatment that is to
in the country. They are the very rich and
poor. The former can afford to pay large
d to have not only every requisite, but every
during illness. The latter are treated in hos-
d are probably the better served of the two. But
le class, the people of the level of income of
al profession, come very badly off. Their means
ally admit of their paying large fees, and yet
large to allow them to be objects of charity.
not taken into the hospitals, and yet cannot
e charges of a nursing home, of an operation
e innumerable accessory observations, analyses,
res that both physicians and surgeons require.
sound remedy is to extend to private patients the
d convenience of treatment at a hospital. Pay-
tals are one of the greatest needs of the time.
ady exist in various different forms.
eal way to solve this problem would be not to
flat rate to all persons alike; but to make the
more and the poor less and then to pool the
ake the easier cases pay for the more difficult.
uch a hospital might be the paying block where
were treated only by the special hospital staff.
uld be entitled to use the treatment provided
ospital, and the pathological work could be done
spital laboratories. Offices for the clinical staff
they would conduct all their private practice
en be established.

BERCULOSIS MENACES ALBANIA

are over 300,000 cases of tuberculosis in Albania,
to a survey just completed by American Red
tors in that country. Eighty per cent of the en-
lation is affected.
lbanian mountaineer corresponds completely to
ar conception of the man of nature. From child-
has been accustomed to an outdoor life. But wretched housing conditions, absence of sanitation, and careless habits more than offset the advantages of the simple life. In the poorer districts people live ten and twelve in a single room, unventilated, almost dark, and eat out of a common dish, each in turn dipping in his spoon. The result is shown by the Red Cross report.

Tuberculosis is most prevalent among the children, thousands of whom have tubercular lungs, glands, wrists, elbows and feet. A great obstacle in the way of cure has been the fact that a large percentage of the population is Mohammedan, and are forbidden to consult foreign doctors. In the case of women, this prohibition applies to all male physicians. Red Cross investigators have known cases where Mohammedan women preferred death to consulting a male doctor.

These conditions are now being radically altered. So many cures have been effected by American doctors in Albania that Mohammedans are overcoming their traditional prejudice and are coming in for treatment. In cases of Mohammedan women, a fortunate compromise has been found in the women physicians and nurses who form a part of the Red Cross Commission and who are beginning to share the complete confidence of their woman patients.

THE PUBLIC HEALTH NURSE

That 65 per cent of the pneumonia cases handled last year by the Henry Street settlement, New York City, were children under fifteen years of age but emphasizes the importance of home nursing of pneumonia patients, which forms the subject of an article in the March issue of the *Public Health Nurse*. That children of the "well-to-do" seldom have pneumonia tends further to make its care a community problem. The visiting nurses' responsibility in home care is very considerable and the splendid work they accomplish is growing evidence of the possibility of educating fathers and mothers to meet needs in the home care of the sick.

Efforts to render more efficient professional industrial service are blocked by the usurpation of a department knowing nothing about medical or welfare work, a condition which may result either from lack of understanding between the departments, or faulty organization which prevents cooperation, say Orlando F. Scott in an article on "Why Nurses Fail in Industrial Work." The first step is to achieve coordination. Other essentials of efficiency service are taken up under the captions: Personality, manner, dress, and essential equipment for first aid work.

The tentative program for the National Nursing Organization meetings at Atlanta, Ga., April 9-17, 1920, covered a wide range of subjects designed especially for nurses interested in infant welfare and school nursing, and covered the problems in urban and rural sections.

KANSAS CITY MEETS NURSE PROBLEM

The Kansas City Junior College for the nurses' preliminary course is a pioneer among municipal public schools in offering necessary theoretical sciences to nurses in training in hospitals. The courses designed for them under the regular school instructors include the fundamentals of drugs and solutions, the history of nursing, physiology, chemistry, bacteriology, anatomy, cooking, and hygiene. Study in sick room procedure is added.

It is the most interesting side of the training according to the nurses. Seven hospitals have responded to the innovation by enrolling nurses, and it is believed this method of training will attract to the profession young women who would not otherwise be interested.

Book Reviews and Current Hospital Literature

THE CONTROL OF HUNGER IN HEALTH AND DISEASE

By Anton Julius Carlson, Professor of Physiology in the University of Chicago. 238 pages, 12mo.*

The Control of Hunger in Health and Disease is a report by Anton Julius Carlson of work done in the University of Chicago. This study of the stomach was made with special reference to appetite and hunger and was carried through a period of four years. Methods for studying the tonus and contractions of the empty stomach are given as (1) direct inspection, by means of a gastric fistula, (2) the introduction of a rubber balloon into the stomach, either through the esophagus or the gastric fistula; (3) the introduction into the stomach of a balloon coated with bismuth paste on the inside. These three methods were all used by Professor Carlson and details of procedure are given including specific directions for work as well as the results, and observations in each case.

A chapter on the Relation of Hunger to Appetite points out the fallacy of the opinion commonly held, particularly by the laity, that hunger and appetite are sensations of the same quality, differing only in intensity. This view is no longer accepted by those who have given attention to the subject. Professor Carlson emphasizes the need for further investigations and urges that more intensive work in this field be done by the medical man and biologist.

Since it is a well recognized fact that control of hunger and appetite influence greatly the control of disease, particularly of chronic disorders, the continuance of this study would be a valuable contribution to science. We look for the cooperation of the physiologist and the clinician as the logical ones to carry these investigations further. In reading this summary, one is impressed with the fact that the work was very carefully done, therefore, a good foundation is already laid for this research work.

NUTRITIONAL PHYSIOLOGY

By Percy G. Stiles, Assistant Professor of Physiology in Harvard University; formerly Assistant Professor of Physiology in Simmons College, Boston. Third Edition, Thoroughly revised. 12mo of 294 pages, illustrated.**

That the demand for Nutritional Physiology by Percy G. Stiles has necessitated a third edition and several reprintings, is sufficient proof that it is meeting a need. This edition has been thoroughly revised and reprinted under date of 1920, the revision being primarily in the chapters on Metabolism.

This book is so well known that it requires no detailed discussion. It has served as a text in schools, nurses training schools, and courses in nutrition for several years.

The physiology of digestion is well covered in chapters three to eleven, which treat of the physical as well as the chemical processes of digestion. The organs of digestion and the secretions are discussed in detail, though not in technical terms. Then follow chapters on absorption and the part played by the blood and circulation in the absorption of food. Several chapters are devoted to metabolism, the Hygiene of Nutrition, and the part played by internal secretions. Professor Stiles has well covered the fundamental principle of Nutritional Physiology and accomplished this in a way that makes his book an easy reference and a most readable text.

THE BABY'S FOOD

By Isaac A. Abt, M.D., Professor of Diseases in Children in the Northwestern University Medical School. 12mo 143 pages.*

The Baby's Food by Dr. Isaac A. Abt is a collection of recipes and directions for preparation of a number of foods commonly used in feeding babies. There is no discussion of conditions or of the numerous theories advocated by pediatricians, and the author states that the recipes are not original. They were collected for use with his own patients and for his own convenience, but many dietitians, nurses, and medical men will welcome such a wide variety of desirable and helpful recipes.

THE OPERATIVE STORY OF GOITER. The Johns Hopkins Hospital Reports, XIX, Fasciculus II. By Dr. William S. Halsted, Baltimore, Md.

The author has made a most painstaking study of the literature on goiter, relating to early operations. He has studied many cases of reported early excisions of the thyroid and shows that they are not authentic. The undoubted confusion in the minds of early surgeons between actual goiter and diseased lymph glands, he proves. To establish this proof he quotes statements from G. B. Günter's famous work and from many other reliable source, as follows:

According to Schreger, Celsus had already undertaken the extirpation of goiter. But it is clear from the text that in the chapter which Celsus entitles "De Struma" lib. vii, 13, the author, in the use of this term, has not in mind a disease of the thyroid gland, but rather a swelling of the lymph glands. Of goiter proper he speaks in lib. vii, cap. 13, under the title "De Cervicis Vitio." Here he describes, unmistakably, cystic goiter, and says, after discussing the use of caustics, *"sed scalpelli curatio brevior est."*

According to Mandt in Rust's Magazin, xxxvii, 413, and Langbeck, Chirurgie, v, 306 (note), Albucasis is listed among those who performed this operation about the year 330. In the local library I have not been able to find any passages bearing on this.

Mandt, in Rust's Magazin, xxxiv, 414, states that Ama-

*The University of Chicago Press, Chicago, Ill.

**Philadelphia and London: W. B. Saunders Company, 1918.

*Philadelphia and London: W. B. Saunders Company, 1919.

canus, about the year 1550, relates that an "audax xcised small goiters, and thereby exposed the I therefore consulted the 1557 edition of the this author and found only two passages which construed as bearing on the extirpation of goiters. found in Centur III, Curatio 56, p. 416, and is "De Strumis Dictis Scrofulosis." But one soon convinced that by the former he means scrofulous , and by the latter swollen lymph glands.

d then quotes the forty-one authentic cases be-1, reported in chronologic order by Günther. To adds sixty-five cases discovered by himself in istive study of the medical literature of France, eat Britain, United States, and Germany. Cases rted chronologically as a whole and then chrono- for each nation. Lengthy quotations from early orts abound.

IEW OF "THE TREATMENT OF SYPHILIS

heridan Bosketel, A.M., M.D., fellow of the Ameri- ollege of Physicians; Lieutenant-Colonel Medical e Corps, United States Army; professor of pre- e medicine and hygiene, and lecturer on genito- y diseases and syphilis in the Long Island College al, Brooklyn, N. Y.; and chief of clinics, Volun- ospital, N. Y.*

ook on the Treatment of Syphilis will fill a place rary of the busy doctor, particularly the general ner who is not able to visit the post-graduate r keep up with the technical details of advances al diagnosis and treatment of syphilis. As stated reface "it is not a volume for the skilled syphil- —but rather is intended for the physicians who heretofore employed the intravenous method of or those whose acquaintance therewith is lim- he volume is interestingly written and it will be as a compendium of the larger works.

xperience of the medical profession should warn practitioners not to undertake the treatment of by any of the methods described without first a thorough course of instruction under compe- cialists, and it would be unfortunate if the book ed the use by incompetent persons of the valuable s and treatment technique explained. As an in- e statement for the general medical reader it e well received.

MANUAL OF PSYCHIATRY

by Aaron J. Rosanoff, M.D., clinical director, Park State Hospital, N. Y. Lieutenant Colonel, 's Section, Medical Reserve Corps, U. S. Army.**

manual first appeared in English in 1905, as a on of the French Manuel de Psychiatrie by J. de Fursac. In his preface the author states that inal French model still constitutes the nucleus which this manual has grown. New chapters, or appendices dealing with such subjects as re- progress of psychiatry have been added. Other have been extensively rewritten, some of the ns having been made as a result of suggestions y reviewers.

anual is divided into three parts. The first deals eral psychiatry comprising causes, symptoms, the of investigation, treatment, and prevention of lisorders. The second deals with special psychia- the third consists of appendices giving technic al diagnostic procedues. These appendices deal ological examinations and a complete exposition of the Stanford revision of the Binet-Simon intelligence scale and the free association test (Kent-Rosanoff). In addition to this there is included, among other matter, the classification of mental diseases adopted by the American Medico-Psychological Association with definitions and explanatory notes. The third part of the manual, therefore, makes accessible some important information to such readers as the manual is primarily designed for.

The first two sections of the manual, comprising 448 pages, are the most important. The clarity and brevity of the descriptions of the various psychoses is striking. As in the former editions, the case reports are illuminating. Considerable space is given to a consideration of the psychoneuroses, particularly in relation to the analysis of hysterical mechanisms by Freud. It may perhaps be said that in comparison to the space allotted to some of the psychoses this subject is too widely discussed. Although it is to be expected and desired that the author contribute a reflection of his own viewpoint in a text book, the controversial relationship between hysteria and malingering could have been presented in communications other than a working manual.

The subject of general psychiatry is well treated. Recent literature concerning heredity, alcoholism, drug addictions, race, age, environment, etc., has been freely used. The applications of sociology in psychiatry are adequately considered, and prophylaxis in psychiatry receives comprehensive attention. The legal aspect of psychiatry and extramural psychiatry both receive consideration.

The manual is to be highly commended both from the standpoint of the excellent treatment of the subject of psychiatry as based upon the original work of de Fursac and from the inclusion in such a manual of such material as emphasizes the sociological progress of this special branch of medicine. Whether it will be found that the benefit derived by the inclusion of the appendices is commensurate with the increase in bulk of the manual, remains to be seen.

THE HYSTERIA OF LADY MACBBETH

By Isador H. Corfat, M.D. Author of "Abnormal Psychology."*

The author calls this short contribution "a study in applied abnormal psychology and its object is to lay bare the fundamental mental mechanisms in one of the most prominent and interesting of artistic literary creations. The interpretation given by the author, namely, that Lady Macbeth is an accurate example of hysteria, is of some interest. He introduces his analysis of the problem of Lady Macbeth with a short dissertation upon the subconscious mental processes, the relations of somnambulism and hysteria, and psychoanalysis.

If this volume is intended for readers who are familiar with the modern trend of psychology the brief explanation contained in the first few chapters will suffice to render the subject matter relative to the hysteria of Lady Macbeth intelligible. Under this condition it would hardly seem necessary to present the introductory chapters at all. If, on the other hand, the contribution is intended to reach a more general reading public, it is doubtful if a clear conception will be obtained of this very interesting presentation.

Science is teaching man to know and reverence truth, and to believe that only as far as he knows and loves it can he live worthily on earth, and vindicate the dignity of his spirit.—Harvey.

illan Company, New York, 1920.
Wiley & Sons, Inc., New York, 1920.

*Moffet, Yard and Company, New York, 1912.

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PROGRESS IN EQUIPMENT AND OPERATION

Conducted by FRANK E. CHAPMAN
Superintendent, Mount Sinai Hospital, Cleveland, Ohio

NG THE HOSPITAL OF COMMON PESTS

nate indeed is the hospital executive who is not ted with the problem of the extermination of pests cockroaches, bed bugs, clothes moths, and carpet These pests are particularly troublesome in insti- housed in old buildings where the riddance of these often presents difficult problems.

insecticides, vermicides and other exterminators the market, but frequently do not prove efficacious ring the desired results. The United States De- nt of Agriculture has made many interesting ex- nts, testing particularly the efficacy of various ces, used alone or in combination. These experi- were conducted at the Insecticide Board's Testing tory, located at Vienna, Virginia, under the direct sion of the Bureau of Entomology.

Bed Bugs

general types of tests were made against the bed ese being the jar tests and room tests. The latter nt conditions such as would be found in actual e. The jar tests, while not simulating natural con- was used primarily to ascertain whether the in- e under test would affect the insects. The results se tests proved conclusively the value of certain nces for the purpose.

nty-seven different hydrocarbon-oil preparations, ed largely of oils of the nature of kerosene and e mixed with varying amounts of nitrobenzene, , essential oils, etc., were tested. All of these were to be very effective, most of them killing 100 per the treated insects within twenty-four hours. It also that oil sprays possess one great advantage ther insecticides—power of penetration. These possess the added advantage of destroying the eggs er they come in contact with them, and here, also, owers of penetration greatly increase their prac- ffectiveness.

sene sprays were found of greater value than oils nature of gasoline, owing to the rapid evaporation latter.

-tar creosote emulsions were found effective when ndiluted, but their effectiveness fell very rapidly hey were diluted.

ries of tests with mercuric chlorid made against gs was found to kill 100 per cent of the treated when used as a dust or in a 6 per cent water n. Greater dilutions were found less effective and t insure complete extermination. The fact that ic chlorid is a very violent poison is an argument its use except in smaller amounts in solution.

austive tests were made with pyrethrum powder. as found to be very effective against bed bugs, although the pyrethrum stems were of little or no value.

Contrary to general supposition tobacco powders containing even as high as 5.26 per cent nicotine were found to be of little or no value, while hellebore was found to be absolutely ineffective.

Tests were also made with twenty or more miscellaneous powders, containing small amounts of nicotine, naphthalene, pyrethrum, and various oils as active ingredients, and these were found to be more or less effective, depending upon the amount of the active ingredients used.

The results of tests with a number of miscellaneous materials such as acetic acid, ammonia water, coal-tar oil (chlorinated), cotton-seed oil, glycerol, kerosene, linseed oil, nicotine, oil of pine needles, sabadilla seeds, turpentine and mercuric chlorid were found to be effective. On the other hand some twenty miscellaneous materials frequently recommended were found to be ineffective, these including, allspice, alum, angelica root, arsenious acid, borax, boracic acid, chamomile flowers colocynth pulp, eucalyptus leaves, formaldehyde, lead acetate, paris green, red pepper, quassia chips, sodium bicarbonate, sodium fluorid.

The effects of fumigation were also thoroughly tested and it was found that sulphur fumigation, at the rate of 0.97 pound to 1,000 cubic feet of room space, would kill 100 per cent of the treated insects. On the other hand paradichlorobenzene, paraformaldehyde, and charcoal were found to be ineffective as fumigants.

Phosphorus pastes of various proportions were found of no value against bed bugs.

Cockroaches

In testing the value of various insecticides against the common roach two methods were employed. First, badly infested rooms were dusted or sprayed, and second, small wooden cages were dusted and sprayed. It is considered that both of these tests approximated conditions met in actual practice and proved the comparative efficacy of the substance.

First of all it is found that inasmuch as roaches frequently cleanse their legs and antennae and as a result any poison whether distasteful or not, finds its way into the stomach, therefore it is not necessary to mix a stomach poison, in powdered form, with an attractive bait. Certain contact poisons, as, for example, mineral-oil sprays, kill the roach by coming in contact with the body, either through direct application or by coming into contact with the roach after it has been applied.

As a result of various tests sodium fluorid was found to be the most rapid killer of roaches of all the substances tested. Only 24 hours were required to kill 100 per cent in cage tests, even when the material was diluted down to 18 per cent content. Practically 100 per cent

Adv. page 42

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Consult the 1920 Year Book for Catalog information.

led in treated kitchens by the use of a mixture
ng 50 per cent of sodium fluorid.
rum powder, pure, killed practically all of the
within 48 hours in cage tests. Its effectiveness,
was greatly reduced when slightly diluted.
although unadulterated, and in combination with
tter, containing less than 12 per cent borax, re-
rom three to seven days to kill all of the roaches
ests, thus proving it to be very slow, and was only
effective when used alone in kitchen tests.
horus pastes were partially effective in cage tests,
slightly effective in room tests.
arious hydrocarbon-oil sprays, undiluted, killed
to 100 per cent in treated cages. Coal-tar creo-
ulsions, when undiluted, killed all in cage tests,
r effectiveness fell very rapidly when diluted with
No merit was found in tobacco powder, even con-
as high as 5.26 per cent of nicotine; the same was
plaster of Paris and flour mixture.
llaneous powders including alum, arsenious oxid,
carbonate, barium fluorid, boracic acid, calcium
copper sulphate, hellebore, mercury bichlorid,
hlorobenzene, sabadilla seeds, and sodium silico-
were found to be fairly effective against roaches,
lmost every case act too slowly to be effective for
use. Barium carbonate and mercuric chlorid are
materials that gave effective results. It should
hasized that arsenious oxid and mercury bichlorid
h too poisonous to human beings to be generally
institutions or households.
mber of other miscellaneous powders were tested
g, allspice, angelica root, anise seed, barium sul-
calcium carbonate, calsium hydroxid, calcium oxid,
sulphate camphor, cassia, chamomile flowers, char-
oves, colocynth pulp, cornstarch, corn meal, dolo-
me, eucalyptus leaves, ferric acid, ferrous oxid,
round, Fuller's earth, gypsum, lead carbonate, lime,
ed, magnesium carbonate, but none of these proved
e.
gation was also thoroughly tested and sulphur was
o be effective at the rate of 9 ounces of sulphur to
ubic feet, while nicotine at the rate of 8 ounces of
extract to 1,000 cubic feet was ineffective.

Clothes Moths

tests against moths were conducted both through
sts and also room and trunk tests, so as to ap-
more nearly practical conditions.
thalene was uniformly effective in protecting wool-
m clothes-moth infestation and in killing all stages
insect.
phor, though more or less effective against all
of clothes moth, proved considerably less active
d naphthalene.
d cedar chest readily killed all adult moths and
considerable killing effect upon young larvæ. It
prevent the hatching of eggs, but killed all the
ng larvæ almost immediately.
cedar chips and shavings, while not entirely effec-
keeping the adult moths from laying eggs on the
treated, appeared to protect it from appreciable
when used liberally. The chips and shavings
practically no killing effect against eggs, or
the larvae when over one-fourth grown.
dichlorobenzene was not effective against adults
rvae in a room fumigation test of 21 hours duration,
led larvae effectively in battery-jar tests.
thrum powder readily killed clothes-moth larvae.

Various mixtures of oils were effective in protecting clothing from infestation, when used undiluted, or but slightly diluted, and killed 100 per cent of the larvae when used undiluted.

Laundry soap killed both larvae and eggs when used in strong solution.

Various tobacco extracts containing nicotine and tobacco powders, when used at reasonable strengths, proved of no value against this insect.

Lavender flowers, cayenne pepper, and allspice were ineffective, and cloves and oil of lavender effective in protecting flannel from moth infestation.

Powdered cloves, sodium fluorid, and 95 per cent alcohol, undiluted, killed larvae.

Allspice, angelica root, black pepper, borax, cayenne pepper, colocynth pulp, eucalyptus leaves, formaldehyde, hellebore, lead carbonate, lead oxid, lime, quassia chips, sodium bicarbonate, and sodium carbonate were of no value in killing clothes-moth larvae.

Borax, salt and sulphur did not kill clothes-moth eggs; 50 per cent and 70 per cent solutions of ethyl alcohol and a 16 per cent solution of formaldehyde killed the eggs.

Fumigation with sulphur proved effective in killing both adults and larvae.

Heat killed both larvae and eggs when they were exposed in an oven for 31 minutes at 110°F., and in less time at higher temperatures.

Hot water killed both larvae and eggs when infested flannel was dipped for 10 seconds in water at a temperature of 140°F.

All of these tests were aimed not only at the killing of the moths, larvae and eggs, but also as to their protective value as repellents of moths.

Carpet Beetles

Although less common than clothes moths, carpet beetles are found to be very injurious to woolen fabrics, particularly the heavier fabrics such as carpets and blankets. In testing the insecticides the same tests were used as against clothes moths.

Naphthalene proved effective in preventing infestation of clothing by carpet beetles and in killing all stages of the insect.

Camphor was effective against the various stages of the carpet beetle, but killed much more slowly than did naphthalene.

A red-cedar chest killed adults and newly hatched larvae, but had no effect on larvae half grown or larger.

Red-cedar chips proved only moderately effective against carpet beetles.

Pyrethrum powder proved considerably less effective against carpet-beetle larvae than it did against clothes-moth larvae.

Various mixtures of mineral oils killed carpet-beetle larvae, when used undiluted, or but slightly diluted.

Laundry soap killed both larvae and eggs when used in strong solutions.

Nicotine solutions and tobacco powders proved of no practical value against this insect.

Oil of cedar leaves was effective, and lavender flowers ineffective, in protecting flannel from carpet-beetle infestation.

Ethyl alcohol (50-95 per cent solutions), powdered cloves, gasoline, mercuric chlorid, and fumigation with sulphur (8½ ounces to 360 cubic feet) killed the larvae effectively.

Ethyl alcohol (20 to 40 per cent solutions) allspice, arsenious acid, borax, formaldehyde fumigation, hellebore,

THE KEYSTONE OF GOOD BAKING

Your biscuits, rolls, gems and other dainty bread-stuffs can be no better than the baking powder with which they are made.

Good baking powder is the leavening agent that makes them light and digestible. It is the keystone in the making of appetizing, wholesome cake, biscuits, muffins, etc.

Of course, you want only the best of baking powder, and this is always assured when you use

ROYAL Baking Powder

Made from Cream of Tartar derived from Grapes

Contains No Alum

Consult the 1920 Year Book for Catalog information.

r flowers, lime, black pepper, sodium fluorid, and were ineffective against the larvae.

alcohol (30, 50, 70 and 100 per cent solutions) arpet-beetle eggs, while borax, gasoline, mercuric and sulphur failed to kill the eggs.

killed the larvae, when exposed in an incubator ty minutes at 120°F. A higher temperature was l to kill the eggs.

water killed both larvae and eggs, when the in- lannel was dipped for five seconds at a tempera- 140°F.

DR'S NOTE:—In larger communities, where the services of individual are available, it is recommended that institutions a yearly basis, the services of a professional vermin exter- The services of such an individual are not expensive and the btained from such services are very good indeed. Vermicides ecticides are only efficient when efficiently applied. The of such an individual will eliminate these troubles with a min- discomfort and inconvenience to the institution.

SOUND INHIBITION IN HOSPITALS

n the world was young and the Egyptians built yramids, space saving, such as we find necessary was unknown and unthought of. But labor was for ing and, as material was cheap, the kings of the city of Gizeh built the walls many feet thick. proofness was certainly obtained, for not the faint- ce could get through the many walls within the But how impractical and expensive such a con- n would be today.

he other extreme, we have the silk partitions in se homes. Here space saving has been accom- at the loss of sound proofness and is also imprac- r present usage in modern building.

e can get a wall approximating the sound deadening es of the pyramids, on one hand, and the space sav- the Japanese screen on the other, the problem of a e partition for the modern hospital would be solved. rtition built with a metal lath core and plastered n sides has approached the Japanese screen in size requires but 2 inches of floor space. It is on the n of sound proofness that the use of the solid parti- hospital construction has hinged. Not until the completion of exhaustive tests on the accoustics of artitions by Professor F. R. Watson of the Uni- of Illinois was this subject definitely settled. So ig were the results that they require special com-

te space, little thought of in times past, has become l concern because of high costs in building. Ob- , the need for hospitals is growing. The public iates the superb service which is attained only at n institution and the per capita demand for it has rowing. Even to cope with the increasing popula- eans many more hospital rooms. This is accent- by a present demand for privacy in hospitals. Pa- who formerly were content in large wards, now a single room. More rooms and less wards mean nore partitions even in older buildings.

only solution in many small cities under the present ost of construction is to alter large residences for l purposes. Thus, this becomes essential.

paring 2-inch solid partitions with 3-inch blocks, ed ½-inch on each side, there is a saving in floor f at least 3,500 feet in a typical 500 room hospital. it is considered that this means about 10 extra with increased revenues and no enlargement of the g proper, the economy of the space saving partition rent.

n institution like the hospital, quietness is para- Unless a partition between two rooms deadens the sound, it is valueless. It was with the hope that his investigations would lead to an economical solution of the partition problem in installation where sound must be stopped, that Professor Watson started his investigation. The field was new. A few scientists before him had gone into the subjects, but their methods and instruments were necessarily crude—just as the automobile of 20 years ago compares with that of today. Science has made many strides, but perhaps none has leaped forward as much as the study of acoustics. Three years ago, fundamental laws now discovered by Professor Watson were unthought of. Facts absolutely contrary to the ideas generally accepted, have been substantiated by tests.

A brief discussion of the infinite amount of work necessary to successfully complete the tests will give some idea of their accuracy. First of all, some instrument which could actually measure sound had to be developed. The instrument used is called a "Raleigh Resonator" and it required months before it was adjusted to a sensitivity calculated to be capable of measuring the minuteness of the sound transmitted through the various partitions under test. In short, it consisted of a brass tube in which was suspended by a quartz thread a mirror which moved as sound entered the tube and threw a ray of light on a scale. It is interesting to know how the manufacture of a quartz thread of the extreme fineness demanded in an instrument of this kind is accomplished. To get a thread, cobweblike in its texture, the quartz is melted and, in its molten state, shot like an arrow. In this, an infinitisimal cross section is obtained.

The Raleigh Resonator, as a whole, is so delicate that it will respond to a force that will require 465 years to raise a sheet of writing paper one foot in the air. It, furthermore, would require the energy to flow for 15,900,000 years to develop enough strength to run a 30-horse power motor for one second.

The experiments were conducted in two basement rooms separated by two isolated 9-inch brick walls, the ceiling and floors being of concrete, the latter supporting a wooden floor. The double wall between the rooms was cut through and the plaster partition under test was built in solidly. By using a modified organ pipe, which was blown by a constant pressure tank, sound approximating those usually found in inhabited buildings. The mouth of the organ pipe was located at the focus of a reflector, so that practically all of the sound was directed toward the partition under test, giving an effect similar to that resulting from a searchlight.

The partitions were erected by expert journeymen mechanics in accordance with usual practical methods. The same plaster was used on all the samples.

A preliminary test indicated the very efficient insulating properties of even a thin layer of gypsum plaster, for the thinnest layer possible to put upon the metal lath insulated the sound as much as 12 layers of outing flannel.

In order to prepare the mind of the reader for an appreciation of the great insulating value of solid partitions and to explode once and for all the erroneous arguments that have been unwittingly used in recent years to lead the public to believe that block partitions are of great value in stopping sound because of the "hollow spaces" in them it appeared advisable to test the block partitions as it is manufactured and customarily used against the same block partition with the so-called "hollow spaces" filled in with the same material out of which it is made. The results obtained by the instrument reading were as follows: 3-inch plaster block partitions, plastered on both sides with plaster filled in holes—Relative intensity of transmitted sound, 1.16; 3-inch plaster block partition,

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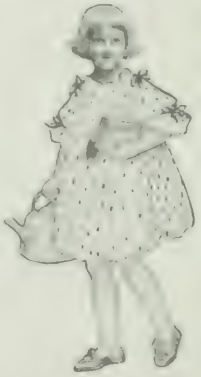
THE EASY AND SURE WAY FOR THE NURSE

Among the few dishes which the nurse really likes to prepare and serve are the beautiful and refreshing Jell-O desserts and salads. They are made by adding to the Jell-O bits of fruit and nutmeats or chopped celery—and it doesn't matter whether they are called desserts or salads or something else, for they are equally good for the patient.

The use of Jell-O for such dishes saves time and labor for the nurse, and the result is always satisfactory. These are three points upon which the nurse may confidently rely.



Jell-O is made in six pure fruit flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y., and Bridgeburg, Ont.

Consult the 1920 Year Book for Catalog information.

ed on both sides, with holes left as manufactured—
e intensity of transmitted sound, 3.85.
it is seen that with identically the same blocks,
ster coating, the so-called "hollow spaces" are not
antage in sound insulation, but are a positive detri-
nd the partition, when the holes are filled in, mak-
olid partition, shows about 1/3 the sound passing.
t good is the hole in the doughnut? It's the dough
ounts. The same holds good for the partition.
ity and rigidity of the reinforced monolith are the
s that count.
rder to develop a strict comparison between solid
ns themselves, other tests were made by Pro-
Watson. The superior form was found to be that
metal lath core. In an attempt at economy in
cost, plaster board has been occasionally used, the
rgument being that the sound is deadened in pass-
rough successive changes from plaster to paper and
gain.
content with the mere reading of the transmission
nd in the two-inch finished thickness, Professor
n, started his readings with the thinnest layer of
possible on both cores, building up the partition
hin coats until 2½ inches was reached. At about
s in thickness, it was apparent that the metal lath
on had fully developed the efficiency of the plaster.
e plaster board partition, although made 2½ inches
did not show as effective sound insulation as the
lath partition at 1⅝ inches. At each thickness of
tal lath, the partition was superior in sound insu-
value.
re has been a theory current in building circles for
years to explain the superiority of metal lath parti-
n insulating sound from one room to another. It
pposed that the sound striking the partition seeks
siest avenue of escape; finding strands of metal not
m the surface, it travels along these strands in the
of the partition and does not reach the other side.
fect is observed by making the simple experiment of
g against the dusty surface. The dust does not go
h the surface but goes in all direction in the plane
surface. This phenomenon of sound traveling along
ad been observed by everyone. You can hear a
d train many miles distant by putting your ear
tracks. It was said that when the Blackton muni-
ier explosion took place, track walkers 100 miles
rom the pier heard the sound being transmitted in
ilroad tracks, while people some distance from the
did not hear the explosion at all.
discussing the results of his extraordinary tests,
sor Watson says in part:
e superiority of the metal lath and plaster partition
otless due to several qualities. The metal lath core,
e of its open mesh not only allows the construction
mogeneous plaster medium that is continuous from
ce through the metal lath to the opposite face but
reinforces the partition. It has, therefore, the
le quality of inertia with increased rigidity.
e superiority of the plaster back partition with
filled air holes over a similar partition with open
ces would appear to be due to increased weight or
. Both of these partitions appear at a disadvantage
e of the lack of homogenous structure. Buttering
nts with plaster particularly at the ends of the
does not always insure continuity of plaster and
eaves possible cracks or channels through which
may pass. This would also tend to weaken the par-
compared with one in which the joints were com-
filled.

"Other conclusions might be set forth but the illustrations cited are sufficient to show the degree of concordance between theory and experiment."

Thus we see that rigidity is a major consideration in all questions of soundproofness. The ponderous unyielding walls of the ancient pyramids made each room a tomb, so that no sound could pass.

In the modern skeletonized form of construction where the walls of the Egyptians have been decreased a hundred fold, the partition where rigidity and continuity of structure are best developed is, according to Professor Watson, by far the best. The full culmination of this effect is found in the metal lath partition, which, with its open strands gives a continuous body of plaster from one edge of the wall to the other and with its steel core a rigidity sufficient for the most exacting requirements. It is a combination of sound insulation and space economy, as perfect as modern engineering can make it.

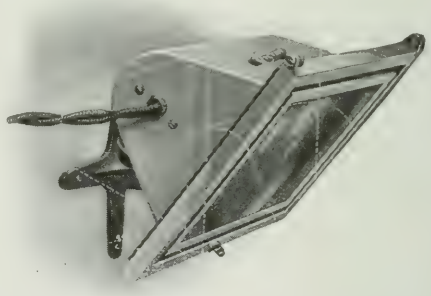
Thus, there is opened a great field for increased efficiency in hospital buildings, with the assurance, based upon scientific authority of the highest order, that the great saving of space made by the solid metal lath partitions, and its consequent monetary economy, is combined with a sound proofness of highest order.

EDITOR'S NOTE:—The preceding is rather a technical discussion of a determination of sound inhibition. The technicality of the article will be of little value to the average superintendent, but it is presented in these columns to stimulate a thought along these lines, and to bring to the hospital world a further realization of the vast number of problems that are being and must be solved before we can secure a perfect hospital.

DARK ROOM LAMP

One of the deficiencies of the present-day equipment of x-ray departments is the unsatisfactory dark room lamp.

A device which seems to overcome a great many of the objections previously raised is illustrated herewith—a lamp that can be adjusted for either negative or positive



light, one that does not show light streaks, and one that can be adjusted to various positions.

It would seem that this offers universal adjustment; an adjustment that can be easily accomplished; red and white light easily interchangeable; made of a material that will stand the hard wear of an x-ray room, in addition to being apparently lightproof.

Circular Letters Warn of Contagion

In order to enlighten parents when a case of communicable disease is discovered, the Health Officer of Dallas, Tex., mails letters to each family in a city block where such disease occurs. The letters are mailed as soon as a case appears, warning the residents of the block regarding the quarantine and notifying them that they are required to report to the Health Department any case that appears in their families.

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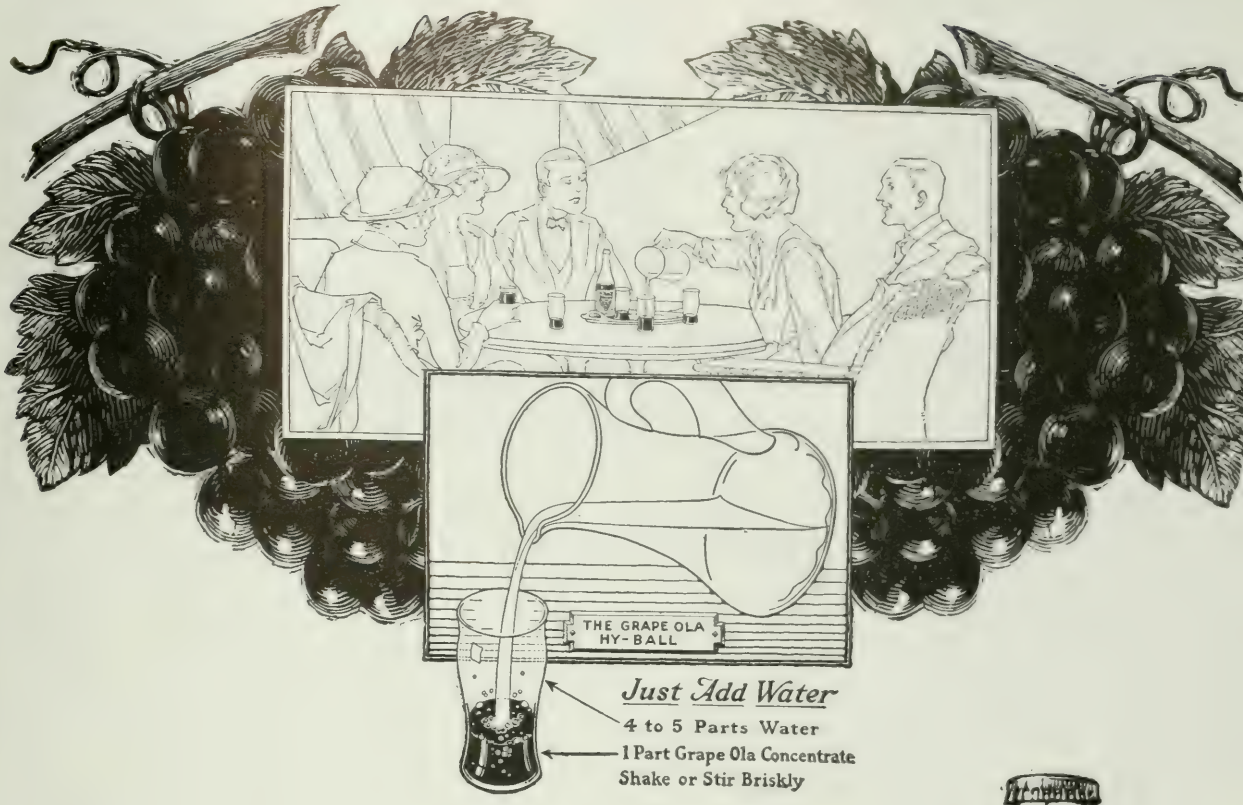


Healthful for Hospital or Home

Grape Ola beverages are ideal for the ill and convalescent. Physicians are recommending them without the slightest hesitancy. Their effect is as beneficial as their taste is pleasing.

Grape Ola Concentrate has a pure fruit flavor. Its purity is vouched for by food experts. Its economy makes it a luxury of a rich home within the reach of all.

The Grape Ola Hy-ball is the most popular of the Grape Ola beverages. It is easier to make than lemonade. You just add four or five parts of water to Grape Ola Concentrate. No sugar is required. A dash of lemon juice sharpens the taste.

You do not drink Grape Ola Concentrate itself. The right proportion of water gives the right taste.

A sample of Grape Ola Concentrate, sufficient to make seven or eight Grape Ola Hy-balls, will be mailed to any physician, resident doctor, superintendent, steward, or nurse of any hospital or sanitarium, upon receipt of twenty-five cents to cover mailing cost.

GRAPE OLA PRODUCTS CORPORATION
12 West 22nd Street New York, N. Y.

1 QUART makes 30 Glasses

News of the Hospitals and Sanatoriums

General

American Hospital in France.—Geo. E. Kess- Louis has given 250,000 francs to the American at Neuilly, and Louis L. Meaumont $100,000.

n Hospital Goes to France.—The Brazilian nt has presented the French Faculty of Medi- the great hospital installed during the war by in the Jesuit Fathers building at Vaugirard, of 10,000,000 francs.

ation of Health Bureaus.—Adjustment of the aring for the disabled veterans of the war of the ates Public Health Service and the Bureau of Insurance will shortly be attained by a coordi- the two bureaus under one Assistant Secretary easury.

rvice Examinations.—United States Civil Service ons for the positions of medical intern, St. Eliza- spital, $1,200 a year and maintenance; bacteri- nited States Public Health Service, $130 to $180 assistant bacteriologist, $70 to $90 a month; cteriologist, $70 a month; junior bacteriologist, , $30 to $50 a month, are announced for Octo-

of Army Nurse Corps Appointed.—Secretary s announced the appointment of Miss Julia L. f New York City as superintendent of the Army rps with the rank of major. Miss Stimson th the army in France from May, 1917, to the e war. She was at first chief nurse of the St. d Cross Unit and then director of the army ps in France. For her services she received guished Service Medal and the British R. R. C.; since her return to this country, been assistant ndent and acting superintendent of the corps.

chael M. Davis Leaves Boston Dispensary.— M. Davis, Jr., Director of the Boston Dispensary, Boston about the 15th of September for New undertake the position of Executive Secretary wly formed Committee on Dispensary Develop- the United Hospital Fund of New York City. lt of a study of the dispensaries of the metrop- ucted by the New York Academy of Medicine, eds for the improvement of dispensary service ork City were made manifest.

ited Hospital Fund, a long-established co-opera- nization of some 45 of the leading hospitals of k, appointed the Committee to endeavor to meet these needs, and financial support has been by the Rockefeller Foundation for the initial f the undertaking. Three demonstration dis- , of which two will be out-patient departments als and one a small local dispensary, will be selected from among existing institutions for purposes of developing the most advanced types of dispensary service and of setting high standards of training personnel for dispensary administration, clinical secretaries, etc.

A Dispensary Service Bureau will also be established by the Committee, with Dr. Davis as its director, and with a staff of assistants. The services of the Bureau will be available to out-patient departments of dispensaries in New York City in an advisory way or for special studies, such as may be desirable from time to time. It is hoped that dispensaries throughout New York may be assisted by the Service Bureau and what may be learned from the demonstration dispensaries.

Dr. Davis has been director of the Boston Dispensary for nearly ten years. He is chief of the Service Bureau of the American Hospital Association on Dispensaries and the Community Relations of Hospitals. During the past few years he has been giving a considerable part of his time to consultation and survey work, and while in New York he will continue his connection with the American Hospital Association and will reserve a portion of his time, as in the past, for outside service as a consultant or advisor on dispensary and community hospital problems.

American Nurses Given Highest Honors.—The Florence Nightingale Medal, the highest honor to which members of the nursing profession may aspire, has been awarded to six American nurses. Bestowal of this medal by the International Committee of the Red Cross at Geneva on nurses who have "especially distinguished themselves by great and exceptional devotion to the sick and wounded in peace or war" is of particular importance at this time because of the regulations which govern its presentation. Nations are allowed to nominate one nurse annually for the medal, and this year, therefore, the forty-one nurses named are the first ones to be awarded since its authorization at the Red Cross Congress in Washington in 1912. The decorations cover, then, the whole period of the World War. Of these forty-one, the six American nurses are: Florence M. Johnson of New York City, director of the department of nursing of the Atlantic division of the American Red Cross; Helen Scott Hay of Washington, D. C., chief nurse of the American Red Cross Commission for Europe; Martha M. Russel of Boulder, Colo., who went to France in July, 1917, to organize American Red Cross nursing activities in the war zone; Linda K. Meirs of Boston, Mass., who went to Europe for the American Red Cross and was transferred to the Army Nurse Corps; Alma E. Foerster of Chicago, Ill., who sailed for service in 1914 in the Red Cross ship for Russia and did notable work throughout hostilities; Mary E. Gladwin of New York City, who sailed on the relief ship Red Cross for service in Siberia.

Crane Plumbing Fixtures Installed in Indianapolis City Hospital.

The sanitary equipment of Hospitals, Asylums, Sanatoriums and kindred institutions has had a remarkable development in recent years.

CRANE HOSPITAL FIXTURES

represent everything that modern sanitation demands, including showers, closets, baths, lavatories, trays, infant baths, closet combinations, needle baths, control tables, laboratory basins, etc., all fitted with the latest designs of supplies and control for the convenience of the user, and made of the highest quality of materials.

We are manufacturers of about 20,000 articles, including valves, pipe fittings and steam specialties, made of brass, iron, ferrosteel, cast steel and forged steel, in all sizes, for all pressures and all purposes, and are distributors of pipe, heating and plumbing materials.

CRANE CO.

836 South Michigan Avenue
Chicago
BRANCHES IN 59 LEADING CITIES

Indianapolis City Hospital
Indianapolis, Indiana
Crane equipped
Adolph Sherer, Architect

News of the Hospitals and Sanatoriums

(Continued from page 50)

of Office.—Klearflax Linen Rug Company an- the change of its Boston office to Room 1057 ilding, 80 Boylston street, Boston.

nating Child Health Activities.—A council for ing child health activities has been formed by rican Red Cross to include the American Health tion, American Child Hygiene Association, Red Cross, National Child Labor Committee, National Organization of Public Health Nursing.

Large Building.—The rapid growth of American ence in pharmaceuticals and chemicals is evi- the announcement that the Abbott Laboratories go have recently purchased twenty-six acres of n North Chicago and will soon commence build- dditional plant for the exclusive manufacture of s and other chemicals.

ign for Psychiatric Social Workers Started.— usand World War victims of mental and nervous now in public health service hospitals need the of two hundred workers for whom the United ublic Service has appealed to the Red Cross. rs to fill these positions will be given scholar- necessary, for summer courses and subsequently from $1,500 or $2,100.

al Funds Stolen.—The Maryland General Hos- nounces the quiet disappearance of a man filling wing description who came to them with excep- ecommendations; worked industriously for some d then walked off with the cash receipts for one has not been heard of since. Dr. George Clarke perintendent, is under the impression that Saun- done the same thing before, and wishes not only other institutions against him and his designs but ocate him if possible.

yles Saunders: White, male, height about 5 ft. 9 ht about 165; age 31. Blonde; hazel eyes; sandy n hair; ruddy complexion, slightly freckled, hair n on top of head. Long face with full cheeks. rriage, square shoulders, rather long hands, soft te, well cared for nails. Slight blue-black dis- n under left eye.

last seen wore palm beach suit, white canvas th rubber heels and soles, white silk hose, black with white dots, white stiff straw hat with black Iad also been in the habit of wearing a medium reen cloth suit—coat with belted back ("Kollege reen cross-barred shirt and green silk hose. Also olue serge suit (very fine weave—made in New rown and buff striped silk shirt.

in his history are: Court stenographer in Ar- studied law for two years; in service and over d a position in a government hospital in New ty since discharge from service; home in Cali- Los Angeles, where parents and several sisters as an uncle who is one of the wealthiest men in eles; father was formerly a judge in Arkansas; niliar with all office procedure; an accurate and cient stenographer and typist.

s very pleasant and gentlemanly in manner and habit when working at his desk of pulling on a trand of hair, sometimes on his forehead and es on the crown.

s an inveterate smoker of cigarettes and cigars.

Alabama

Two New Hospitals Opened.—With the opening of Covington County hospital at Andalusia in the former Gunn residence, which is being remodeled and enlarged, Covington county can now boast of three hospitals. Also the Andalusia city hospital, recently incorporated, has been opened; and already plans for extension are being considered to increase the capacity to thirty-two beds.

Arizona

New Sanitarium.—The Seven Day Adventists have purchased five acres of ground at Phoenix for the establishment of a sanitarium; the project represents an initial investment of $50,000.

California

Model Hospital Opened.—The new $35,000 hospital recently opened at Atascadero is equipped at a cost of $10,000 with special apparatus, x-ray, and other facilities.

Contagious Disease Hospital.—The Los Angeles County Hospital announces that a new modern $400,000 building especially planned to care for victims of contagious diseases will be erected.

Another Sanitarium Opened.—A three-story sanitarium has been opened by Dr. J. F. Balzar in Pasadena, where Battle Creek treatments will be administered under the direction of Mrs. Emily Pugh.

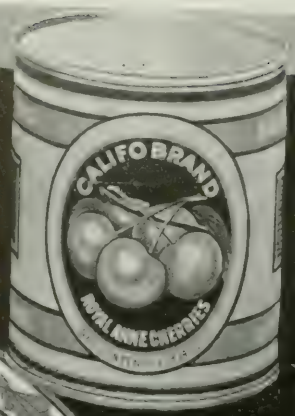
Corner Stone Laid.—Whittier has just witnessed the laying of the corner stone for its handsome new hospital being built by Col. Simon J. Murphy, Jr., which will be presented to the city at its completion. A nurses' home to be included in this generous gift, and numerous enlargements during the process of the building, evince the constant liberality of the donor.

Sanatarium to Open.—The Preventorium, an institution built by the Missionary Sisters of the Sunset Heart of Regina Cretic Courtent, is located on an eighty-eight-acre ranch in the foothills three miles back of Burbank and fifteen miles from Los Angeles. It will be operated by the Sisters under the direction of Bureau of Catholic Charities.

Personal.—Superintendency of the San Francisco Hospital has been filled by Dr. E. J. Northington, formerly in charge of the Letterman Hospital, and medical head of the Ninety-First Division Hospital at Camp Lewis during the war. Dr. William Hassler, city health officer, has been filling this position in addition to his duties as health officer.

Corporation for New Hospital Formed.—The new 250-bed hospital to include a post-graduate medical college and a clinic is to be built in Los Angeles under the authorization of a group of prominent doctors and business men who have organized themselves into a University Hospital Medical College and Clinic, with a capitalization of $1,000,000. Plans drawn for the buildings involve the expenditure of at least $850,000 and include a hospital of 200 rooms containing 250 beds, a large operating amphitheatre, and a building for the post-graduate medical college. The clinic will be of the type of the Mayo Brothers in Rochester; the hospital, together with the college, will be the largest west of Chicago. A corps of 200 doctors will be connected with the institution and the finest and most modern of equipment will be installed.

CALIFO BRAND



HARVEST—FEAST

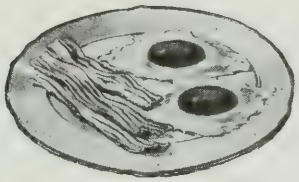
From the bounteous harvest of 1920 the most select foods of the earth are being deliciously prepared and stored into CALIFO containers—big No. 10 economy cans for Hospitals and Institutions, smaller cans for home use.

YB
Page 413

Those who have orders placed for "CALIFO" are looking forward to the "Harvest Moon" of Autumn with pleasant anticipation. It is not too late to make your selection. Write for the Fall Catalogue of CALIFO BRAND Good Food.

THE COAST PRODUCTS COMPANY
St. Louis, Mo.
Our distribution is national—freight prepaid to all points east of the Rockies

HERMAN CO. ST. L.



Costs 15 Times

A Dish of Quaker Oats

Quaker Oats costs one cent per large dish. The dish above costs some 15 cents. A single egg costs several times the oat dish.

Quaker Oats yield 1810 calories per pound. Eggs yield 635, and round steak 890.

Quaker Oats forms almost a complete food. It is almost the ideal food Yet a Quaker Oats breakfast costs about one-tenth what many foods cost for the same calory value.

Note the comparison with other necessary foods based on prices at this writing:

Cost per 1,000 calories	
Quaker Oats	5½c
Average Meats	45c
Hen's Eggs	60c
Young Chicken	$1.66

Quaker Oats

Flaked from queen grains only —just the rich, plump, flavory oats. We get but ten pounds from a bushel, but they are flavory pounds.

The Quaker Oats Company
Chicago

To Build New Hospital.—An 85-bed hospital is to be constructed at Tenth and Mylers streets, harbor district, Los Angeles. It will probably be built on a cost plus basis and will accommodate mostly employees of the ship yard.

New Medical Director.—Dr. H. E. Trimble, formerly connected with the staff of the Colfax Hospital and Colfax School for Tuberculosis, has been appointed to fill the position of medical director of the Weimer Joint Sanitarium.

Connecticut

Gifts For Two Hospitals.—The General Hospital Society of Connecticut will receive $25,000 and the Bridgeport Hospital $10,000 from the will of William F. Armstrong.

Campaign Netted Large Results.—An Extension Fund Campaign for St. Francis Hospital, Hartford, just completed netted around $540,000. Work on the extension has begun which when complete will give 175 more beds. The hospital will have accommodations for over 500 patients.

Florida

Sanitarium Endorsed.—The Nuval County Council of Social Workers supports the movement to secure Tuberculosis Sanitarium at Jacksonville.

Georgia

Residence Converted to Sanitarium.—The Old Wimberly Place, at Macon, is to be converted into a sanitarium known as the Oglethorpe Private Sanitarium. Twenty beds are to be installed, training school for nurses established, and the institution incorporated by a group of prominent doctors.

Idaho

Plans For a New Sanatorium.—At the Idaho Antituberculosis League meeting in Spokane plans for the new sanatorium at Sandpoint were discussed.

Old Court House To Be Hospital.—The old court house at Grangeville is to be converted into a hospital so that more room for the hospital can be assured than is now available in the upstairs of a business building.

Illinois

Hospital for Masons.—Chicago Masons will erect a hospital to be maintained for the benefit of their members in Chicago.

Personal.—Miss Rosia Waltke of Springfield has been elected superintendent of the Pomoma Valley Hospital in which office she succeeds Miss Edith Patton.

Children's Department Opened.—The Children's Department at the Galesburg County Hospital has been opened under the auspices of the Children's Room Association.

Hospital Opened.—The Julia Rackley Perry Memorial Hospital, at Princeton with its complete equipment and attractive building erected at a cost of $60,000, has been opened.

Another Sanitarium.—The McDonough County Tuberculosis Sanitarium has purchased a site at Bushnell for $2,000. Already the new $125,000 building for a three-story nurses' home has been started.

Gift for Hospital Site.—The newly organized Urbana Memorial Hospital has received the $25,000 Busey homestead as a hospital site, which opens the way to the erection of the proposed Margaret B. Carle Hospital.

Superintendent in New Duties.—Miss I. Craig-Anderson, R. N., formerly of the University of Virginia Hospi-

NURSES' UNIFORMS

Staunch and sturdy, but as graceful and neat as every nurse wants her garments to be, these uniforms are decidedly the most practical and attractive made.

Launder them a host of times—give them the hardest usage and you'll find them satisfactory throughout. Shipments made prepaid on approval! Send your order NOW. Every uniform GUARANTEED.

Surgeons' Indian Head Gowns

No. 846—Excellent quality; very heavy material; length 60 inches; long sleeves; all sizes to 48-inch chest; a more durable gown was never made.

$33.00 per doz.

Patients' Pepperell or Duretta Bed Gowns

No. 28—Good quality Pepperell or Duretta sheeting; double yoke front; wide hems and tapes. Open all the way down. Length 36 inches. Long sleeves. Sizes: small, medium, large and extra large. **$29.00 per doz.**

Surgeons' Pepperell or Duretta Jeans Gowns

No. 847—Best quality surgeons' Pepperell or Duretta jeans operating gowns, same as description above. Sizes: small, medium, large and extra large.

$33.00 per doz.

Patients' Indian Head Bed Gowns

No. 128—Double yoke front, wide hem and tapes in back and open all the way down. Length 36 inches. Long sleeves. Sizes: small, medium, large and extra large.

$29.00 per doz.

High-low necks, 4-inch hem on skirt

No. 174—Nurses' White Pepperell Uniforms, **$48.00** per doz.
No. 383—Nurses' Blue Striped Gingham Uniforms, **$45.00** per doz.
No. 175—Nurses' Blue Chambray Uniforms, **$45.00** per doz.
No. 475—Nurses' White Duretta Cloth Uniforms, **$54.00** per doz.

Prices subject to change without notice

Illustrated circular sent on request

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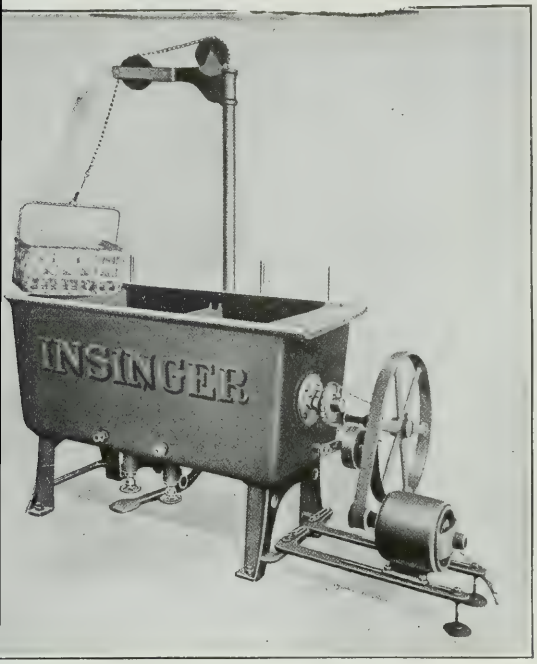

Sherman's

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WILL ABORT COLDS, GRIPPE, INFLUENZA and PNEUMONIA

Each Mil. Contains:

nfluenza B. strains from present epidemic and others	200,000,000
treptococci, many haemolytic and other types	100,000,000
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Iicrococcus Catarrhalis, leading members of the group	200,000,000
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This vaccine is also used with success in the prophylaxis of these diseases.

Vrite for report on 300,000 inoculations of nfluenza Vaccine in the present epidemic

MANUFACTURER OF BACTERIAL VACCINES
G. H. SHERMAN, M.D.
Detroit, Mich. U.S.A.

tal, Charlottesville, Va., has recently assumed the duties of superintendent of nurses at the Lake View Hospital, Danville.

U. S. Hospital Closed.—United States General Hospital Number 28, at Fort Sheridan, will, according to announcement, be closed on October 1.

Personal.—Miss Henrietta Moehrke of Chilton, Wis., has been appointed as dietitian at the Blessing Hospital, Quincy, to succeed Miss Luella M. Winans, who has recently resigned after three years' service in this position.

Indiana

Superintendent Appointed.—Dr. Samuel Dodds, formerly first assistant to the superintendent of the State Insane Hospital at Madison, Ind., has been appointed superintendent of the State Hospital at Logansport.

New Head of County Public Health.—The Shelby Anti-Tuberculosis Society and the Shelby County Red Cross Society have chosen Mrs. Morris H. Drake to take charge of the Department of Public Health in Shelby County.

Personal.—Word has been received from Greencastle, Ind., of the recent death of Miss Mae Peregrine. Miss Peregrine was trained at the Chicago Lying-In Hospital and served for a time as night superintendent of the Wesley Memorial Hospital, Chicago, subsequent to which she was superintendent of the Wuhu General Hospital, Wuhu, China. Miss Peregrine had been in bad health for several years before her death.

Iowa

New Superintendent.—Dr. R. A. Stewart is the new superintendent of the hospital at Cedar Rapids.

Site for Hospital Purchased.—The North Iowa Lutheran Hospital has purchased the site for a hospital at Cedar Rapids for $250,350. On the property is a well built modern house suitable for a nurses' home.

Kansas

Location of New Hospital.—The new Evangelical Hospital which the Evangelical Conference of Kansas will locate soon and the structure of which will cost about $75,000 may be placed at El Dorado.

Kentucky

New Home for Jewish Children.—The recent gift of $33,000 to the Jewish Welfare Federation by Mr. and Mrs. Nathan Hofheimer assures a new home for Jewish children at Louisville, Ky.

Personal.—Dr. Edward J. Murray, formerly superintendent of the Blue Grass Sanatorium, Lexington, has accepted the superintendency of "Hazelwood," Kentucky State Tuberculosis Sanatorium.

County Memorial Hospital Established.—Purchase of the Old Mercy Hospital is to make possible the establishment of the Clarke County Memorial Hospital. Thirty thousand dollar bonds have been authorized for this project.

Louisiana

Soldier Hospital Established.—The first military hospital of the south to be used exclusively for over sea soldiers suffering from shell shock and nervous diseases was established at Belvedere Private Sanitarium, on the River Front in New Orleans.

Addition and Name Changed.—An addition to the Bogalusa Hospital honors the memory of Mrs. W. H. Sullivan, wife of the vice-president of the Great Southern Lumber Company; the added portion is to be used as a maternity ward and entire hospital is to be re-named the

The Case For Coffee

Number Seven

We owe to Pavlov, and other eminent seekers after physiological truth, the knowledge of the value of mental stimulation in producing the so-called "appetite juice" without which gastric digestion cannot be efficiently performed. Hence we can understand why and how, to most individuals, the thought, anticipation and odor of the morning cup of coffee is of practical value in bringing about the proper enjoyment and digestion of what is or should be the most important of the daily meals.

"Without coffee," wrote a wise doctor, "breakfast is a meal instead of an institution." The craving for the matutinal cup of coffee is not a cry of the body for a stimulating drug, not the prompting of a bad habit. It is a physiological demand for aid in the performance of normal digestion.

Nature is wise in her provision of coffee to begin the first meal of the day, to awaken and activate digestive processes made dormant during the period of the body's lowest vitality. Also of coffee after dinner to assist in the digestion of the heaviest meal when functions are depressed as a result of the day's struggle. If coffee be a habit—so is appetite. One is almost as helpful and as necessary to the average individual as is the other.

Realizing these *facts,* physicians will be slow to condemn or to forbid the use of coffee—in moderation—because of certain fallacies or half-truths, promulgated by those who neither analyze nor weigh the evidence, or who are influenced by prejudice, selfish interest or exploitation of substitutes for "Nature's most prized beverage." More anon.

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handle a complete line of dry goods plies for hospitals and institutions, will be glad to submit samples upon uest.

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he following special values are offered for September

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1818-H Heavy, corded border Cotton apkin, 18 in. square, per doz.	2.10
9 Parabola Milliners Needles, per M.	4.00
501 Curtain Scrim, 35" in white, eam or beige, per yd.	.17½
519 Curtain Scrim, 34", in white, eam, or beige, hemstitched edg., pr. yd.	.22
521 Marquisette, 35", in white, cream, beige, hemstitched edge, per yd.	.37
4 Hospital Grade Absorbent Cotton, 0 one-pound rolls to bale, per bale	27.00
X Cotton Batts, 50 lbs. to case, put up 67 batts, per case	18.00
netted Cotton Waste, 50 lbs., per bale, r lb.	.16½
ial Unbleached Bandage Muslin, per	.16 to .24
2 Gauze, seconds, 22/18, per yd.	.06¾
3 Gauze 24/28, per yd.	.08½
White Crinoline, per yd.	.15
ax Gingham, 26" blue and white rse's stripes, per yd.	.30
ident Ginghams, 32", blue and white rse's stripes, per yd.	.35
1 Sovereign Ticking, 32", 8 oz., per yd	.50
t of the Loom Bleached Muslin, per yd.	.37
nsutta Night Robe Bleached Muslin, uble warp, per yd.	.52½
kinette, per lb.	1.70
edere Bleached Sheets, 72/99, per doz.	23.25
a Bleached Sheets, 72/99, per doz.	27.65
a Pillow Cases, 42/36, per doz.	6.10
a Pillow Cases, 42/38½, per doz.	6.50
w Tubing, 42", per yd.	.61½
ity Spreads, 62/90, each	2.15
ity Spreads, 72/90, each	2.40
30 Plain White Woolen Blanket, 60/80, t single and bound, per pair	5.85

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WHOLESALE TEXTILE DEPARTMENT

Philadelphia, Pa.

Elizabeth Sullivan Memorial Hospital. The maternity ward will cost $50,000.

Maryland

Personal.—Miss Frances J. Branley has been appointed superintendent of nurses at University Hospital, Baltimore, to succeed Miss Helen Stewart.

Bequest for Hospital.—The Good Samaritan Hospital of Baltimore will receive one-third of the seven million dollars left by the will of Thomas O'Neill.

Auxiliary Added.—Mercy Hospital, Baltimore, will have an auxiliary in Mercy Villa, which will occupy the home of Mrs. Wm. Lanahan, purchased by the sisters of Mercy. Improvements on it will increase its twenty-five patient capacity.

Large Gift from Rockefeller Foundation.—Johns Hopkin's Medical School has received a gift of $400,000 from the Rockefeller General Education board to begin improvements on the Hopkin's grounds. The major of these will be a new dispensary.

Enlargement Planned.—Dr. Geo. C. Peck announces the plans for enlargement of the Maryland General Hospital by means of a two-story building on the two lots owned by the hospital, north of their buildings, on Linden Avenue, Baltimore.

Converted Emergency Hospital.—A Volunteer Emergency Hospital, at Baltimore, has been converted from an old building that was formerly a saloon and tavern. It is, however, at present, equipped with the best medical appliances, and staffed by a competent corps of physicians and nurses, the best that Baltimore can afford.

Massachusetts

Site Decided On.—The trustees of the Weymouth Hospital Association have decided on the estate of the late Colonel W. W. Castle as a suitable location for the hospital which they have been considering since 1919.

Nurses Meet.—The seventeenth annual meeting of the Massachusetts State Nurses Association was taken up with a round table discussion on general problems of nursing, a conference of state and Red Cross nursing committees, and a special meeting of industrial nurses.

Home for Women Remains Open.—Massachusetts Home, at Roxbury, has decided to utilize its equipment for the shelter and care of worthy women whose needs are the result of misfortune, rather than to close its doors, because prohibition has made unnecessary its reformatory work.

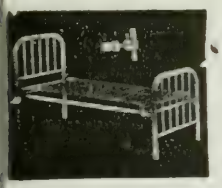
Michigan

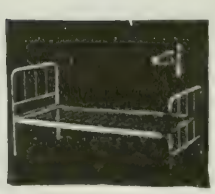
Personal.—Miss Alice L. Latson of Howell, has recently accepted the position of dietitian at the Children's Hospital, Washington, D. C.

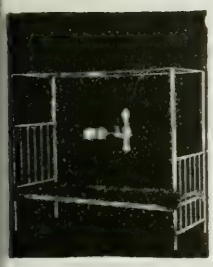
Hospital to Become School.—The Oak Grove Hospital, famous institution for liquor addicts has been purchased by the city of Flint for a new $1,500,000 school.

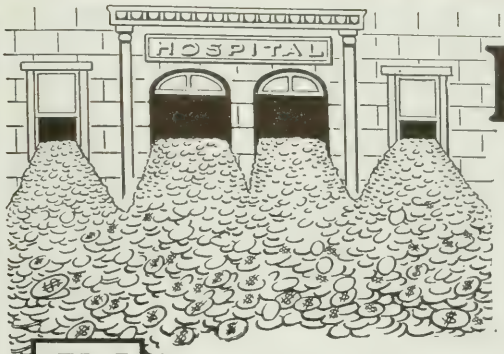
Gift for New Hospital.—Mr. and Mrs. Edward Lowe, of Grand Rapids have made a gift of $700,000 for the construction of the new Butterworth Hospital.

Sanatorium for Ex-Service Men.—The Michigan War Preparedness Board has adopted plans providing for the use of the hospital on the State Military Reservation at Grayling for ex-service men suffering from tuberculosis. The hospital is to be operated by the staff of the Howell Tuberculosis Sanatorium. This plan is an attempt to operate a hospital free of government control and thus to attract men who intensively dislike anything run by the government.









Nobody

wants to support a hospital in which money flows out as fast as it comes in.

IN other words, it is easier to raise money for a paying hospital than it is to raise money for one that is a continual source of expense.

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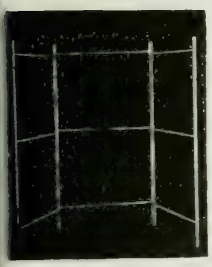
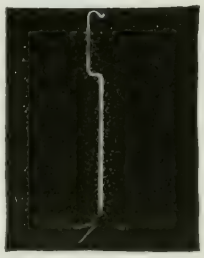


THERE are several lines of hospital beds and equipment cheaper in price than the SMITH & DAVIS line, but there are none which will surpass it for quality, workmanship, and practical and sanitary design. What is more and what is most important, *you know* that you are getting one dollar's worth of service and satisfaction for every dollar spent.



THE hospital buyer—and years of reputation and actual performance back up this claim—knows that, in installing SMITH & DAVIS beds and equipment, the hospital is fitted out with equipment that will give the maximum comfort to patients—equipment which possesses all of the essentially hygienic features necessary to the preservation of health and life—equipment that will lighten the tasks of the staff and put the entire hospital on a more efficient and economical basis.

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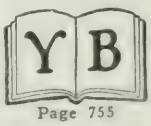

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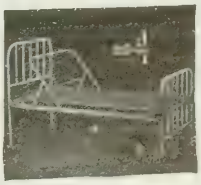

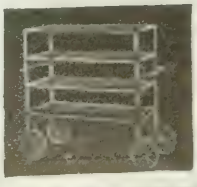

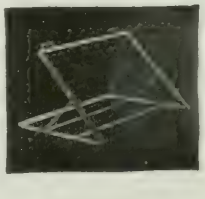

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nstrument Company
ROCHESTER, N. Y.

Personal.—The superintendency of the Nichols Memorial Hospital, Battle Creek, has recently been filled by the appointment of Miss Emily Greenwood.

Mississippi

Personal.—Dr. Willis Walley, superintendent of the State Charity Hospital of Jackson, has resigned, and Dr. F. M. Shepard has been appointed to succeed him.

Missouri

New Hospital Site.—A bond issue to the amount of $35,000, approved by Rosedale, will purchase a site for the New Rosedale Hospital.

Hospital To Be Rebuilt.—A new home is under construction for St. Mary's Hospital, Jefferson City, Mo., which was destroyed by fire in February.

Addition to Hospital.—An addition to St. Joseph Hospital, costing about $300,000, is made possible by a loan of the Massachusetts Mutual Life Insurance Company, negotiated by the Daughters of Charity of St. Vincent de Paul.

Business Organization Effected.—Hugh Miller, president of the board of the General Hospital, Kansas City, has been named general business manager of the institution. It is supposed this change in management will put the hospital on a firmer business foundation. This organization is to place all the accounting, construction, and purchasing of supplies, except medical and surgical, in the hands of the business manager. The superintendent will remain executive head of the institution, and have under his immediate supervision the visiting staff, the resident staff, the training school for nurses, medical and surgical supplies, and drug room; all employed male and female nurses and orderlies; the sick, record clerks, information clerks, social service department and all other personnel whose duties are to care for the sick. This arrangement has already shown signs of being a very satisfactory one. It enables the superintendent of the hospital to get into closer touch with the professional side of the hospital and become better acquainted with patients and the things that are going on in their immediate behalf, and relieves him of being the "watch dog" for the economicaly and strictly business management of the institution. It has borne fruit in that the expense of the hospital has been reduced from 25 to 35 per cent by careful purchasing, checking and proper management.

Nebraska

New Hospital to Be Built.—A new three-story, $150,000 hospital is to be built at Columbus, Nebr.

New Building Added.—The Wayne Hospital at Wayne, Nebr., has opened a new fireproof and modern equipped hospital.

Cost More Than Mentioned.—The Evans Hospital at Columbus with a 50-bed capacity, soon to be erected, will cost $175,000 instead of $75,000, as formerly announced.

Personal.—Miss Eleanor L. Waterman of Menomonee, Wis., a graduate of Northwestern Hospital Training School, Minneapolis, Minn., has been appointed instructress of nurses at the Bishop Clarkson Memorial Hospital, Omaha, Nebr., and will assume the duties of her new position September 1. During the past winter Miss Waterman attended Teachers' College, Columbia University, and at the present time she is assisting in the Dispensary of Bellevue Hospital, New York City.

New Jersey

Nurses Home Opened.—The new nurses home, Christ Hospital, Jersey City, has been formally opened. Mrs. G. Hoagland is superintendent of nurses.

Verified by Physicians

THE remarkable therapeutic properties of FLEISCHMANN'S COMPRESSED YEAST, as definitely shown by scientific investigations in hospitals, is being verified with uniform success by physicians in private practice.

The demonstrated value of FLEISCHMANN'S COMPRESSED YEAST in the treatment of furunculosis, constipation, the acnes, and other cutaneous conditions, has been widely announced in medical journals. During the investigations which resulted in the establishment of these facts, it was noted that under the yeast treatment, patients showed marked improvement, quite unassociated with the particular disease in question.

Now, that FLEISCHMANN'S COMPRESSED YEAST has come to be generally recognized by the medical profession as a valuable therapeutic agent, many physicians are reporting cases verifying the conclusions of the investigators.

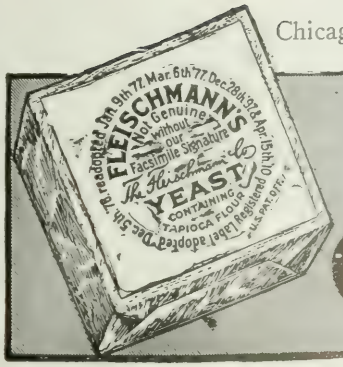
It has been noted that FLEISCHMANN'S COMPRESSED YEAST has the property of increasing the nutritional value of other foods, patients in many cases showing decided improvement in general health, particularly in cases showing a tendency to malnutrition and dietetic troubles.

The dosage employed is usually one cake of FLEISCHMANN'S COMPRESSED YEAST, before or after each meal, administered by dissolving in water, fruit juice or milk. The possibility of gas formation may be avoided by dissolving in boiling water.

This is the same FLEISCHMANN'S COMPRESSED YEAST used by housewives in making bread. Physicians can usually secure it locally; or may write The Fleischmann Company in the nearest large city, and a supply will be sent by mail on days wanted. An interesting booklet on yeast therapy sent to physicians on request.

The Fleischmann Company, New York

Chicago, Ill. Seattle, Wash. San Francisco, Cal.



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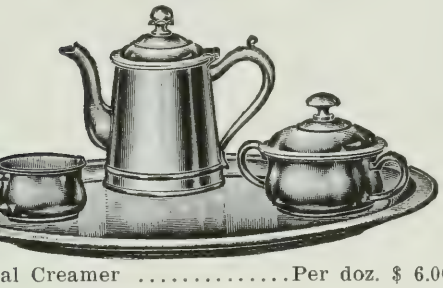

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Sugar Bowl—with cover	" "	16.00
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LIEBEL-FLARSHEIM CO.
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Send us without obligation complete information on Model 530 X-Ray unit. We have ..... volts direct current; ..... volts ..... cycles alternating current.

Estate Sold for Sanitarium.—The palatial estate of Otto H. Kahn, Cedar Court, Morristown, has been sold for a sanitarium for diabetics.

New Hospital Head.—Frederick Schultz is the new head of Greenville Hospital, Hoboken. Mr. Schultz intends to begin immediately on a project of building a nurses' home.

Hospital Receives Bequest.—A bequest of five hundred dollars to the Morristown Memorial Hospital comes from the estate of Mrs. Elizabeth Proudfit, who died in Geneva, Switzerland, April 30.

New Superintendent.—Mr. J. W. Smith, at present superintendent of the Muhlenberg Hospital, Plainfield, N. J., has recently accepted the superintendency of the Hahnemann Hospital of Philadelphia and will assume the duties of his new position on September 1.

Radium Clinic Opened. — The Nathan and Miram Barnert Memorial Hospital has opened a radium clinic in charge of Dr. William Spickers. It has already acquired 55 milligram of radium and is prepared to treat patients, not only those coming directly to the hospital, but also patients referred to it from other hospitals in Paterson and vicinity.

Personal.—Miss Carrie Helen Tucker, Flushing, L. I., has accepted the position of superintendent of nurses of the Elizabeth General Hospital, Elizabeth, N. J. Miss Tucker is a graduate of the Connecticut Training School for Nurses, New Haven, Conn., class of 1911. She was in the service as chief nurse of Debarkation Hospital No. 1, New York City, from which she was discharged at the closing of that hospital last July.

Two New Hospitals in Progress.—Building is now in progress on two new hospital pavilions, one for tuberculosis, and one for contagious diseases. These two units, with equipment, from a recent appropriation of $300,000 by the Bergen County Board of Freeholders, will be a substantial addition to the present County Hospital group. They are the result of a well developed plan, formulated by the Board of Freeholders, Medical Board, and County Medical Society, in conjunction with an Advisory Board, consisting of a number of citizens of the county. With the buildings now in use, the ones under construction, and the new smallpox pavilion now being completed, Bergen County will be well equipped to care for communicable diseases, epidemics, and disease outbreaks as they may occur.

New Mexico

Sanatorium Rebuilt.—Plans for the building of the Albuquerque Sanatorium, which was destroyed by fire, have been completed and the new building is being rapidly constructed—this time of cement.

New York

Addition to Old Hospital.—Bellevue and Allied Hospitals are planning a brick addition to cost about $800,000.

New Home for Nurses.—Mrs. Electus D. Litchfield has leased her home on East Sixty-eighth Street to the Hahnemann Hospital for a three-story home for nurses.

Personal.—Mrs. Florence M. Lutts will succeed Miss Blanch Taylor as superintendent of the Glens Falls Hospital. Miss Taylor will become superintendent of the Nathan Littaur Hospital, Gloversville. Mrs. Lutts, who has been employed in the operating room of the Glens Falls Hospital is a graduate of the New York City Hospital.

Fund for Sloane Hospital.—Former patients of the late Dr. Edward B. Cragin have raised a $3,500 fund to be devoted to social service work at the Sloane Hospital for

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Women, New York City. Dr. Cragin was a professor at the College of Physicians and Surgeons, Columbia Medical School, and consulting physician for Sloane Hospital.

Plans Completed.—Dr. Howard C. Johnston has completed plans for opening a hospital in the Central Hotel of Corinth.

Gift to Hospital.—The Arnold Memorial Gregg Hospital of Albion has received a gift of $250 from the estate of the late Jesse Landauer.

Home Becomes Hospital.—One of the architectural attractions of the Bronx, the home of John Eichle, has been transformed into a people's hospital.

Gift to Establish Hospital.—By the will of Mrs. Luisa T. De Navarro, $750,000 is left for the establishment of a hospital in New York City for needy Spanish people.

Nurses Home Added.—The appropriation for a nurses home addition at King's County Hospital has been passed by the board of estimate. This addition is to cost $101,000.

Drive Successful.—The general hospital planned for the community of Dansville, Groveland, Ossian, West Sparta, and Sparta, is assured by the result of a drive for $75,000, which was $25,000 oversubscribed.

Hospital Completed.—With the completion of the Beth Moses Hospital, Buffalo, N. Y., the hospital society appeals for generous support. Two-thirds of the 150-bed capacity is to be devoted to indigent patients.

Two Large Gifts Received.—The New York Post-Graduate School and Hospital has received two large gifts, one of $25,000 from Ida C. Potts of Livingston, N. Y., and another of $20,000 from Mrs. E. B. Close.

Hospital Remodeled.—In the remodeling of the seven-story structure of the Broad Street Hospital, New York City, at a cost of $215,000, thirty additional beds, a six story nurses' home, and a new clinic and dispensary were provided.

Hospitals Consolidated.—The Laura Franklin Hospital for Children and the Hahnemann Hospital are to be consolidated under the name of the Fifth Avenue Hospital of New York. The United Hospital will occupy the New Hahnemann Hospital building on Fifth Avenue.

Many Hospitals Receive Sums.—The amount given to Hahnemann Hospital as legacy in the will of Anna St. John has been appraised at $70,303. The Presbyterian Hospital will receive $7,500; Greenwich Presbyterian Church, West Thirteenth Street, $5,000; Marysville College, Tenn., $1,000.

Demonstrations Made.—At the thirteenth annual Northern Baptist Convention in Buffalo a fully equipped hospital ward was fitted up in the auditorium, and demonstrations made on the supplies of well stocked medicine chest, hot water bottles, ice bags, and all other comforts that a first class hospital should have.

Convalescent Home for Children.—To meet the great need for a home for convalescent children, such an institute has been established on One Hundred and Twentieth Street, facing Mount Morris Park. This home will eliminate the possibility of discharging children and returning them to their homes before they have fully recovered their strength.

Additions Planned and Built.—An addition to the Tuberculosis Hospital of Holtsville was provided for in the $75,000 appropriation voted by the Suffolk supervisors. The plans include the possibility of another wing and central building which may be added later at a total cost of about $200,000. However, the addition now to be built will provide 26 more beds and will make the total 75.

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Children's Hospital Dedicated.—The Mary Zinn Home for convalescent children, White Plains, recently completed, has also been dedicated.

Hospital Receives Funds.—The Methodist Episcopal Hospital of Brooklyn receives $25,000 from will of William O. Armstrong.

Personal.—Miss Marion E. Seaver, R. N., has left Malone, N. Y., and is now superintendent of nurses at St. Luke's Hospital Training School for Nurses, New Bedford, Mass.

Personal.—Miss M. M. Sutherland, formerly connected with the Brooklyn Hospital, Brooklyn, N. Y., has accepted the superintendency of the Mary McClellan Hospital, Cambridge, N. Y.

Personal.—Miss Eleanor W. Houghton, formerly of the City Hospital, Amsterdam, N. Y., has accepted a position as dietitian at the U. S. Marine Hospital No. 21, Stapleton, Staten Island, N. Y.

Personal.—Miss Edith H. Milton, formerly connected with the Samaritan Hospital, Troy, N. Y., has just accepted the position of superintendent of nurses of the Waltham Hospital, Waltham, Mass.

Drive for New Hospital.—Residents of Bay Ridge, Borough Park, Bath Beach, Kensington, Mapletown, Flatbush sections of Brooklyn, have initiated a million dollar drive for proposed United Israel-Zion Hospital.

Hospital Progressing.—The New Fifth Avenue Hospital at One Hundred and Fifth Street, costing $3,000,000 and built in the shape of a cross, is progressing rapidly. It will replace the Hahnemann Hospital.

New Appointment.—Appointment of Dr. S. Josephine Baker, director of the Bureau of Child Hygiene of the Department of Health of New York City, as consultant in child hygiene for the United States Public Health Service is announced.

Addition Built.—The Rome Hospital of Rome, N. Y. is building a $26,000 addition which is to include a kitchen, diet kitchen, nurses' and staff dining room, open-air porch and solarium. The latter is to be furnished by Mr. J. P. Olney in memory of his wife. Miss Grace Scott, R.N., has accepted the position of principal of nurses.

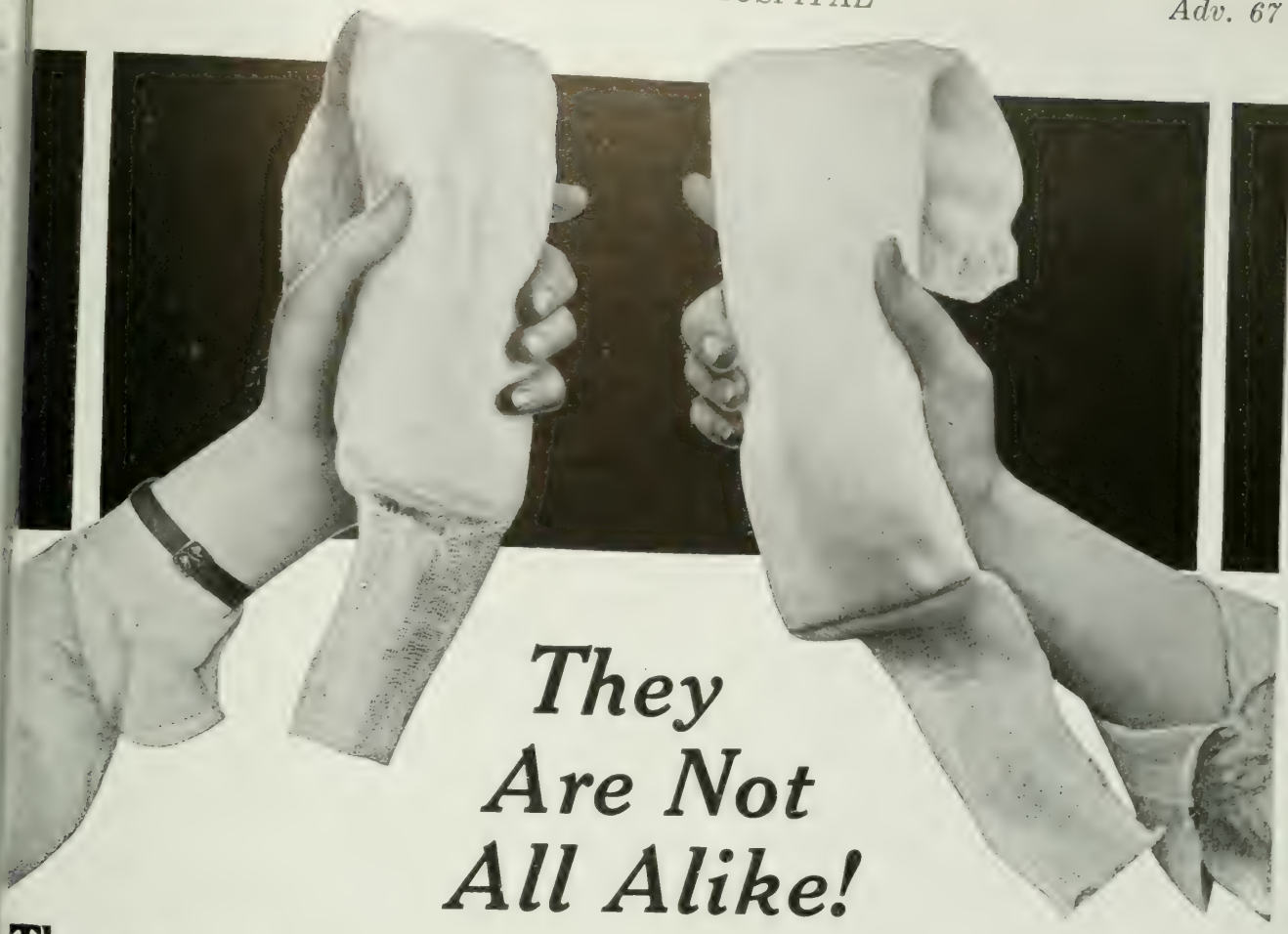
Hospital Opened.—A new $500,000 hospital has recently been opened in New York City. It has been financed and managed by the Brownsville and East New York Society, which has a membership of 25,000 and which has for the past fifteen years been making payment for this institution. The opening exercises were most enthusiastically hailed by 75,000 people.

Personal.—Dr. Richard E. Shaw is to be succeeded by Mr. John M. Cratty, superintendent of the Presbyterian Hospital of Philadelphia, as superintendent of the Long Island College Hospital. Dr. Shaw, as director of the Maritime Division, will, however, keep up his interest in the hospital. Mr. Cratty has nominated Miss M. Robertson to succeed Miss Marguerite A. Dudley, superintendent of the Nurses' Training School, who has resigned.

North Carolina

Hospital Name Changed.—United States General Hospital No. 19 at Oteen will be known in the future as the O'Rielly General Hospital, in honor of the late Major General Robert Maitland O'Rielly.

Hospital for Cripples.—Fred L. Seeley proprietor of Grove Park Inn, will establish a Children's Hospital for Cripples, located on a beautiful wooded knoll a few yards from Grove Park Inn, at a cost of $45,000. Children from all parts of the country will be welcome here, but



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Ohio

Hospital Officially Opened.—The S. M. Heller Memorial Hospital was officially opened to the public recently at Napoleon.

Personal.—Miss McConnell is to be the superintendent of the Portage County Hospital in place of Miss Edmondson, the former superintendent.

Personal.—Miss Elsie L. Fitzgerald, R. N., Eastport, Me., has accepted the position of assistant superintendent of the Jane M. Case Hospital, Delaware.

Donation Assures Hospital.—By a donation of $25,000 from Mrs. C. F. Whisler of Hillsboro, the students of Dennison University are assured of a hospital.

Social Disease Clinic.—Dr. J. L. Bliss will conduct social disease clinics for women on three evenings a week at Mount Sinai Hospital, Cleveland, beginning June 1.

Gifts Received.—The Helen Arnett Whistler Hospital at Columbus, besides several minor gifts amounting to $6,000, has received from Charles F. Whistler a sum of $25,000.

New Building Ready.—The new building for which contracts were awarded in May for administration and hospital at the bi-county tuberculosis sanitarium operated by Montgomery and Preble Counties will be ready for occupancy in September.

Personal.—Miss Frances Berhurst who is to be succeeded at the City Hospital of Newark by Miss Elizabeth Williams of the Shenannah Hospital at Roanoke, Va., goes to Columbus to superintend a new hospital opened there by Columbus physicians.

Representative Man Speaks.—Dr. J. H. J. Upham, professor of medicine at Ohio State University and a member of the State Board of Medical Registration, addressed the nurses' training class of Toledo Hospital at their commencement exercises June 2.

Personal.—Miss Artie Binkley by taking her place as new superintendent of the City Hospital at Newark has relieved Miss Nancy Shaw, who was in temporary charge. Miss Binkley is a graduate of the University of Indiana and formerly in charge of the training school for nurses at Washington, D. C.

Survey Shows Needs.—In connection with the Cleveland hospital survey, Dr. Thomas W. Salmon, mental physician, has recommended a hospital for feeble-minded, with 2,000 capacity, 200 beds at the city hospital for mental and nervous cases, three major mental hygiene clinics at Lakeside and City hospitals, and 2,000 more hospital beds for the insane.

Dire Need at Alliance.—Distinct need for increased hospital accommodations at Alliance have necessitated recent meetings of prominent citizens and doctors and the decision of the city council to issue bonds for $140,000, which can be used to improve the hospital and increase its capacity to 100 beds. These improvements will take the form of a contagious disease ward, more conveniences for nurses, and a children's ward.

State Hospital Buildings Completed. — Completion of three new buildings at the state hospital for the feeble-minded branch at Orient will relieve the situation to such an extent that the board of administration will not attempt to locate another building at present, although the appropriation of $650,000 is at their disposal for the purchase of a site and the erection of the first of a series of buildings.

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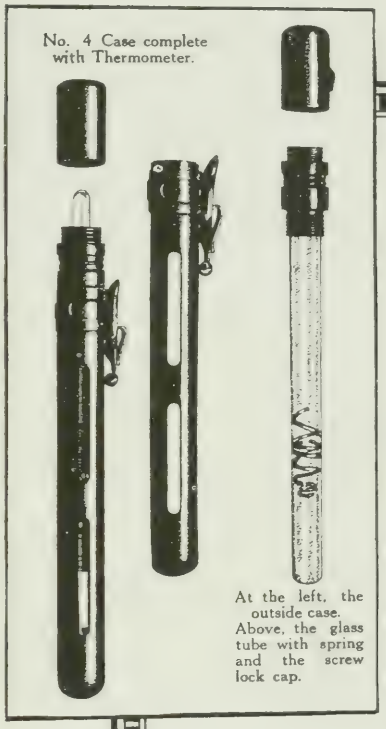

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PRACTICABILITY.—Designed by a physician after years of experimenting. It is built for hard usage and should last a lifetime, as it is made of the highest grade materials. It is no larger than a fountain pen—just as easy to carry.

FOR PHYSICIANS With handy Pocket Clip.

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MORNEAU ONE-MINUTE THERMOMETER.—Any thermometer can be used, but we recommend "The Morneau One-Minute," as it is the only satisfactory instrument on the market, with markings inside the glass, permitting the use of alcohol as a sterilizer.

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will keep for years; they are free from
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City Hospital Extended.—Dudley S. Blossom, Director of Public Welfare of the city of Cleveland, announces that plans for the extension to the City Hospital, for which a bond issue of $3,950,000 has been authorized, will be drawn in the office of the city architect, J. H. MacDowell, under the supervision of Dr. S. S. Goldwater, director of Mount Sinai Hospital, New York City, who has been named as consulting hospital expert to the city of Cleveland.

Oregon

Hospital To Be Erected.—For the erection of the Kelly Butte contagious hospital at Portland, the county has voted $15,500. The hospital is nearing completion and will soon be occupied.

Addition to Hospital.—Enlargement of the Morningside Hospital at Portland for the care of mental and nervous patients in the United States Public Health Service is planned by Dr. H. W. Coe. The new construction will involve a cost of $25,000.

Nurses Meet.—The recent meeting of the Oregon State Graduate Nurses' Association, in Portland, closed a most successful year in nursing activities. The business meeting was enlivened by several interesting talks, among them being a brief narrative by Miss Harrington, chief nurse of the western division of the American Red Cross in Siberia.

Pennsylvania

Bequest.—The Frandford Hospital, Philadelphia, has received from the will of Lina K. Schlichter $250,000.

Personal.—The resignation of J. M. Lawler from the superintendency of the Allegheny General Hospital has been announced.

Personal.—Miss Helen L. Bloomfield, of Union City, is to take the place of Miss Frances S. Clark as superintendent at the St. Luke's Hospital, Marquette, Mich.

Bequest to Hospital.—The directors of the Westmoreland Hospital, Greensburg, have accepted the $500,000 bequest made by the late Henry Clay Frick of Pittsburgh.

Hospitals Merged.—The Conemaugh Valley Memorial Hospital and the Johnstown City Hospital, Johnstown, have merged, the Memorial Hospital controlling the Johnstown City Hospital.

Personal.—Miss Mary E. Shannon connected with the staff of nurses at the Harrisburg Hospital for a number of years, has recently been elected directress of nurses at the institution.

Hospital Consolidated.—Steps are being taken toward the consolidation of the City Hospital and the Washington Hospital at Washington. Dr. Robert R. Sellers has recently been elected superintendent of both of these institutions and a building program for a 250-bed hospital will be started shortly.

Contagious Hospital Opened.—The first unit of the proposed hospital for contagious diseases has been opened at the McKay property in Wilmington, which was purchased by the Physicians and Surgeons Hospital, to be cooperated in by all hospitals in the city, as it will be the only hospital in the city with necessary room.

U. S. Hospital Closed.—The War Department announces the closing of General Hospital 31, Carlisle, as a hospital, which was formerly Carlisle Indian School, and its reopening as a medical school for the Army. The Carlisle Barracks will be utilized for a medical field school, called the "Field Service School, Medical Department, U. S. Army."

St. Lukes Hospital, St. Paul, Minn.—One of the many modern institutions equipped with the Kernerator.

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In many modern hospitals, all waste is being taken care of in a quick, sanitary way by the Kernerator. It consists of a brick incinerator, built in the base of the chimney when the building is erected, and hopper doors located in the flue on each floor above.

This system immediately disposes of dressings, sutures, soiled bandages—all waste from the operating rooms, as well as the promiscuous waste from the rest of the floor. No need for this refuse to accumulate, and later be carried through the building, when the handy Kernerator door is but a few steps away.

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orty-page Cotton and Gauze Book, illustrated, mailed on request.

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Philippine Islands

Campaign for American Hospital.—As a result of the closing of St. Luke's Hospital in Manila to Americans, a campaign is being conducted to raise $500,000 for the erection of a hospital strictly for Europeans. Restricted hospital facilities in the Philippines are the natural consequence of the progressive demands of the Filipinos that care be given them during sickness. These demands have necessitated the Philippine General Hospital being run on the basis of convenience and adaptability to native wants. Americans have not been refused, but accommodations always fit Philippine requirements and are not suitable to American needs. St. Luke's is a mission institution established and maintained by the Filipinos, and therefore when accommodations became inadequate Americans were turned away.

Rhode Island

Personal.—Dr. Charles E. Wells, formerly superintendent of the Newport Hospital, R. I., recently accepted the position of assistant resident physician at the Massachusetts General Hospital, Boston, Mass.

South Dakota

New School Established.—Miss Margaret Hughes of New York City has been appointed director of the department of the Post-Graduate Instruction of Public Health Nursing which has been officially established by the Regents of Education in South Dakota. This school is for the benefit of graduate nurses who wish to go into that absorbing field of public health nursing. Miss Hughes is adequately prepared for this task by her training and experience. She is a graduate of Boston City Hospital, has had post-graduate work at the Phipps Institute, Philadelphia, and at Teachers College, New York City.

Tennessee

Personal.—Miss Lou Miller, a graduate of Mercy Hospital, Chicago, has been selected for the position of superintendent of nurses of the Methodist Hospital, Memphis, Tenn., and has already entered upon the duties of this position.

Site for Jewish Home Selected.—Memphis has been selected as the site of the proposed home for aged and infirm Jews of the district comprising the states of Mississippi, Tennessee, Arkansas, Louisiana, Texas, Florida, Oklahoma, and Alabama at the convention of the District Grand Lodge No. 7, I. O. B. B., held in Birmingham recently. Although minute details have not been agreed upon, the location in Memphis for this much needed institution of the Independent Order of B'nai B'rith is determined.

Texas

Hospital Added to School.—A hospital added to the other improvements of the Southwest Texas Normal School, at San Marcos, will be ready for use by the time the students are back in school. It will accommodate will be in charge of an expert nurse.

Enlargement of Hospitals.—In accordance with a distinctly felt need in San Antonio, many plans are being considered for the additional enlargement of hospitals. The Baptist churches have combined efforts to erect a $500,000 hospital on grounds they have already purchased; Santa Rosa Infirmary and the P. and S. Hospital have united with them.

Holland Rusk
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In these days when kitchen help is hard to get, the saving of labor in the preparation of special meals is important. It's the thousand and one little demands of this kind that tax the patience and strength of hospital workers.

Dietitians and nurses will appreciate Holland Rusk. It meets every demand for light dishes, special "snacks" and palatable but easily digested desserts. It can be served in dozens of ways at a moment's notice, from the diet kitchen or serving room.

And it is so nutritious—much more so than bread or cereal foods—and at the same time so tempting and toasty and appetizing, that it is ideal for convalescents with light appetites.

As an every-day food, one doesn't tire of it. Its flavor is the natural full flavor of choice wheat, cream, fresh eggs and sugar.

Order a case of Holland Rusk from your dealer
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are therefore as distinctly products made to your order as are the clothes which your tailor cuts to your measure.

In buying such products your economy exists not only in the greater worth which is always acquired in the purchase of quality, but also in your opportunity for special selection.

EORGE S. DAUGHERTY CO.
YORK PITTSBURGH CHICAGO

Personal.—Miss Louise R. Hesse, San Antonio, has accepted the position of dietitian at the Base Hospital, Fort Sam Houston, Tex.

Part Sanitarium Opened.—The first unit of the Central Texas Baptist Sanitarium has been opened at Waco. It was equipped and built at a cost of $275,000.

Personal.—The position of superintendent of the Woodlawn Hospital at Dallas has been filled by Dr. H. L. Gammons, who has been recently engaged in work for the Tubercular Association at Houston.

Contract Let.—Contract for the new Fort Bliss General Hospital, which is to be one of the finest in the country and to be built at a cost of $1,490,000, has been let, according to official notice from the War Department.

Virginia

Personal.—Miss Elizabeth Williand, of Johnstown, Pa., is to go from the Shenannah Hospital at Roanoke to the City Hospital at Newark, Ohio.

Washington

Personal.—Dr. A. D. Schlotthauer of Toledo, has become superintendent of Walla Walla Sanitarium. In Toledo Dr. Leslie Swift of California will take his practice.

New Hospital Open.—The new St. Lukes Hospital at Seattle, built by Dr. J. W. Wilkins at a cost of $80,000, is open now for reception of patients. Its 50-bed capacity and complete modern features will fill a need for the latest hospital facilities.

Hospital Made from a School.—Cushmen Indian School at Tacoma, which has been discontinued and the buildings of which have been placed at the disposal of the United States Public Health Service, may be converted into a rehabilitation hospital for ex-service men, and for Navy and Merchant Marine service.

Wisconsin

Plan New City Hospital.—New sets of plans for a city isolation hospital for Superior call for expenditure of $50,000 in place of the $100,000 of former plans.

Training School Added.—A training school added to Mt. Sinai Hospital, Milwaukee, will be one of the most complete in the country and will add about 80 beds to the hospital.

Campaign for Catholic Hospital.—Appleton has begun a campaign to raise $200,000 in addition to the $300,000 pledged for a 200-bed Catholic hospital to replace the 50-bed St. Elizabeth's Hospital.

Large Donation to Start Fund.—In the campaign for Milwaukee Children's Hospital, Ferdinand Schlesinger began the fund by a donation of $150,000, and Mr. Emeline Munnemacher by presentation of ground and building at Seventeenth and Grand Avenue.

Hospital Site Purchased.—The first unit of a half million dollar hospital containing 100 beds and costing $200,000 will be started soon on the half-block site purchased by the Evangelical Lutheran Deaconess and Hospital Association of Spokane last month. The property includes a sixteen-room residence which can be used as a nurses' home.

Canada

New Health Commissioner.—Miss Jessie L. Ross of Tunkhannock, formerly a member of the nursing staff of the State Tuberculosis Dispensary in this city, has been appointed chief nurse of the Massachusetts-Halifax Health Commission at Halifax, Nova Scotia.

The Sanitary Servant Dishwasher

The Efficient Economical Machine for Hospital Use

The Sanitary Servant Dishwasher is a patented water power machine, which connects in a second to any faucet and is ready for work. It has no electric motors, turbines, pumps, etc., to break down or get out of order, making it a most practical and economical machine for hospital use.

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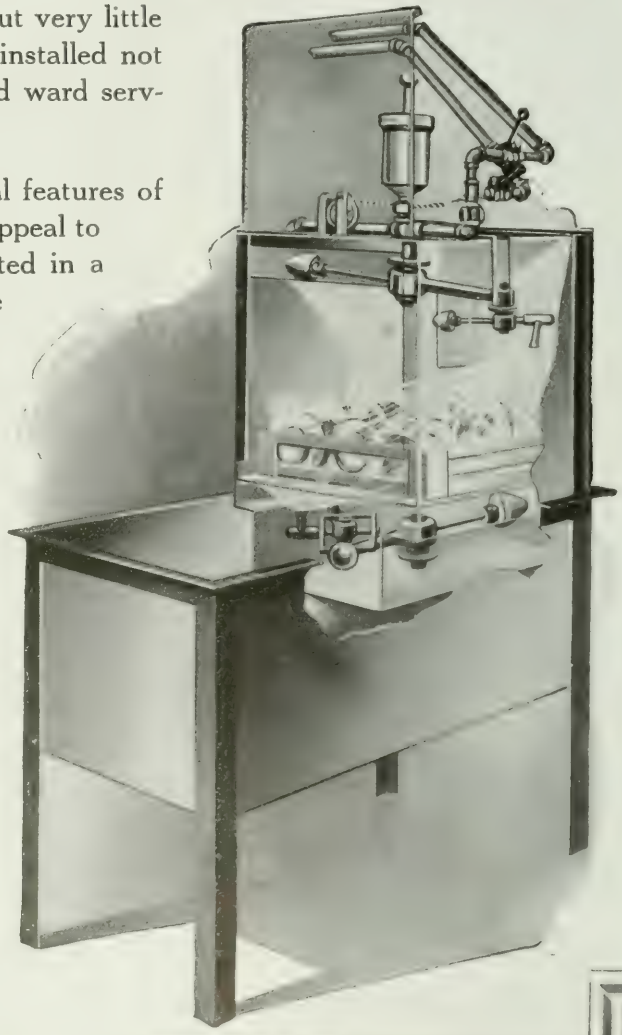

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TANCES—Remittances for subscriptions should be made by aft, post office or express money order, or registered letter. checks and money orders payable to "The Modern Hospital g Company."

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RTISEMENTS—The advertising pages of THE MODERN are available for announcements of anything of interest and those engaged in the erection, equipment, administration, and edical, surgical, and nursing services of hospitals, sanatoriums, d institutions. Advertisements of secret remedies and other able announcements will not be accepted. The supervision of rs is extended to the advertising columns, in which only aproducts and reliable manufacturers will be represented.

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State

CLASSIFIED ADVERTISING.

Under proper headings this column will present advertisements of Positions Wanted, Positions Open, Schools, Business Opportunities, Articles for Sale, etc.

When requested, replies will be received at the business office of THE MODERN HOSPITAL, 22-24 E. Ontario Street, Chicago, and will be forwarded promptly to the advertiser.

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THE MODERN HOSPITAL is published the first of every month, and copy for classified advertisements for any issue should be received at the Chicago office not later than the 15th of the month preceding the date of such issue.

POSITIONS WANTED

ANESTHETIST—Registered nurse, with special training in gas and ether, desires position. References. Address E.J.-716, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

ANESTHETIST—Change of position desired by experienced anesthetist. Best references. Address H.J.-708, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

ANESTHETIST-TECHNICIAN—Registered nurse, with wide experience as anesthetist and as x-ray technician, desires position. At present employed, but available after September 15th. References furnished. Address A.J.—705, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

BOOKKEEPER—Young woman who is experienced hospital bookkeeper desires change of position. Address F.K.-694, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

BOOKKEEPER—Good bookkeeper and typist with 14 years' hospital experience wants office position. State salary offered. Address L. D.—646, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN—Graduate of four-year course supplemented by post-graduate work at Teachers' College, Columbia University, wants position. Experienced teacher and civilian and army hospital dietitian. Address G. E.-637, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN—Managing dietitian, Pratt trained, with wide experience in Eastern hospitals, sanatoriums, and hotels, desires position on Pacific coast. Only high class position considered. Address G.M.-697, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN—Domestic science graduate, with four years' hospital experience, desires position. Address J.B.-711, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN—Graduate dietitian desires position in Western hospital. Experienced in buying, housekeeping, supervising, and teaching dietetics. Address D.A.-715, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

INSTRUCTRESS—Experienced instructress desires position east of Mississippi River. Give details in first letter. Address J. C.—718, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

MASSEUSE—Orthopedic institute graduate (physician's widow); educated, refined, travelled, would like care of crippled child for physical and mental development. Address B. C.-707, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

NURSES—Central Registry for Nurses of the New York County Registered Nurses' Association Agency, 132 East Forty-fifth street, New York City; telephone Murray Hill 8700; Irene B. Yocom, R. N., registrar. Graduate nurses for institutional positions and for private duty. Hourly nurses.

OFFICE NURSE—Graduate nurse, registered in New York and Ohio, who speaks Italian, French, and German, desires position in doctor's office. Can take care surgical work and bookkeeping. Locate anywhere. Address H.C.-701, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SECRETARIAL WORK—Woman of refinement and culture, capable, experienced and possessing executive ability, desires position as secretary to physician or surgeon. Address E.K.-706, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

STEWARD, SUPERINTENDENT OR MANAGER—Middle aged man (60), graduate pharmacist, desires position in hospital, drug or drugless sanatorium. Address D. B.—717, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago

SUPERINTENDENT—Competent woman, graduate of Eastern teaching hospital, also of business college, desires position as superintendent of moderate sized hospital. Five years' experience in similar position. Only an institution on sound financial basis and paying liberal salary considered. Address L. M.—661, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Graduate registered nurse with good experience and special preparation for executive work, wishes larger field. At present superintendent of hospital and school. Will be available by November 1. Salary must be consistent with quality of interest and ability desired. Address A. M.—672, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Medical man, Protestant, age 42 years, married, desires change of positions; 20 years' experience in executive work, last 13 of which has been as superintendent of large, modern, progressive teaching hospital. Address H. C.—723, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

(Continued on page 78)

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30 N. Michigan Ave. Chicago, Ill.

CLASSIFIED ADVERTISING

(Continued from page 76)

POSITIONS WANTED—Continued

SUPERINTENDENT—Superintendency of large hospital wanted by man with 10 years' successful experience. First class references. Hard worker and knows how to get results. Address C. J.-621, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Registered nurse, who is experienced tuberculosis worker and good disciplinarian, desires position in charge of tuberculosis sanatorium. Well qualified to manage sanatorium where physician is not in residence. New institution preferred. Address K. E.-629, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Man of ten years' experience in hospital management desires to make a change. Can furnish the very best of references. Only large hospital in the East will be considered. Address B. H.—589, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Man of 15 years' experience in hospital management, now employed as assistant superintendent in 500-bed institution, desires position as superintendent of hospital. Can furnish the very best of references. Address K. M.—687, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Superintendency of large general hospital wanted by registered nurse; college graduate; eight years in present position. First-class references. Address B. L.—649, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Registered nurse with 10 years' experience in hospital management, desires to make a change. Best of references. Address B. L.—676, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Man with small and large hospital experience, excellent record and reliable credentials, desires position. Address J. A.—677, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Registered nurse with executive ability and six years' experience desires position. East preferred. Address A. E.—719, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Superintendent at present in charge of 250-bed general hospital in South wishes to change positions. Has had seven years' experience in managing hospitals in this country and Europe, and can furnish best references. Address A. Beekman, 146 Parkville Ave., Brooklyn, N. Y.

SUPERINTENDENT—Registered nurse, with several years' experience as superintendent and two years' as chief nurse in the Army, desires administrative position. Available September 15th. Address M.E.-709, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Registered nurse, who is experienced executive with special training, wishes superintendency of 50 to 100-bed hospital; Eastern states or Middle West preferred. Address E.B.-698, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT—Man, with 16 years' experience as hospital superintendent, open for first-class proposition. Location immaterial. Best references. Address A.C.-695, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

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SUPERINTENDENT AND SURGICAL NURSE—Two graduate registered nurses desire positions together, preferably as superintendent and surgical nurse. Address J.L.-703, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT OR ASSISTANT SUPERINTENDENT—Man with administrative experience in government hospital and long civilian institutional experience, desires position as superintendent or assistant superintendent. Highest credentials. Address D. B.—628, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT OR MANAGER—Tactful, refined woman, graduate of Simmons College, Boston, Mass., and experienced superintendent, desires suitable position in hospital, home or industrial school. Not afraid of hard work. Address I.G.-710, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT OR SURGEON'S ASSISTANT—Nurse, graduate of Eastern hospital, registered, and an experienced executive, desires position as superintendent of surgical hospital or private sanatorium, or as surgeon's assistant. Address L.B.-702, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

SUPERINTENDENT OR SURGICAL SUPERVISOR—Graduate, registered nurse with several years' experience desires position. Address E. G.—666, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

(Continued on page 80)

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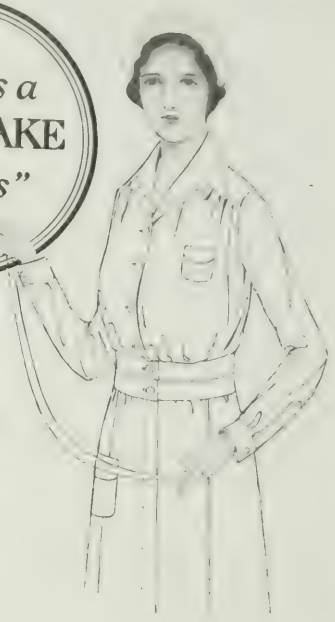

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CLASSIFIED ADVERTISING.

(Continued from page 78)

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ANESTHETIST—Anesthetist wanted. Must be thoroughly trained in all methods of anesthesia and capable of teaching. Address U.Z.-689, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

ANESTHETIST AND TECHNICIAN—An expert anesthetist, also an experienced technician wanted. Address W.X.-712, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN—Experienced dietitian wanted for 125-bed hospital. Address Superintendent, Braddock General Hospital, Braddock, Pa.

DIETITIAN—Dietitian, thoroughly capable of supervising main kitchen, and nurses' home, wanted for a 400-bed hospital situated in the South. Address R.V.-693, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN—A 100-bed hospital in Middle West wants dietitian. For information address W.Q.-688, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

DIETITIAN AND SUPERVISOR—An operating room supervisor and a dietitian-housekeeper wanted for a 75-bed hospital in industrial town 18 miles from Pittsburgh, Pa. Address V.P.-699, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

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DIRECTRESS OF NURSES—Directress of nurses with experience wanted for 65-bed hospital. Salary $100 per month and maintenance. State age, education and experience; also enclose references. Address, Suburban General Hospital, Bellevue, Pa.

HEAD NURSE—A 125-bed hospital wants head nurse for surgical floor. In first letter please state age, experience, and salary expected. Address Superintendent of Nurses, Peoples Hospital, Akron, O.

HOUSEKEEPER—Housekeeper or housekeeper-dietitian wanted. Must be able to manage help. Apply, The Pottsville Hospital, Pottsville, Pa.

HOUSEKEEPER—Experienced housekeeper (middle aged) wanted for 130-bed general hospital. Salary $80 per month and maintenance. Send references with first letter. Apply Superintendent, Toledo Hospital, Toledo, O.

HOUSEKEEPER—An experienced hospital housekeeper wanted for a 140-bed hospital. Address X.O.-696, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

INDUSTRIAL TEACHERS—Two industrial teachers wanted for Bangor State Hospital. Beginning salary $20 per week and maintenance. Apply to Dr. Carl J. Hedin, Superintendent, Bangor, Me.

INSTRUCTRESS AND NIGHT SUPERVISOR—An instructress for training school of 100 nurses, also a night supervisor, wanted at once. Address Mrs. S. H. Knight, Superintendent, Ashbury Hospital, Minneapolis, Minn.

MEDICAL DIRECTOR—Medical director wanted for hospital in Greater New York, bed capacity 285, conducted under Jewish auspices but non-sectarian. Must be capable of taking entire charge of medical conduct of hospital. Apply, stating experience, to Joseph J. Baker, 34 Nassau St., New York City.

NURSES—Graduate nurses wanted for general ward duty and operating room work. Salary $75 a month and full maintenance. Superintendent of Nurses, Hebrew Hospital, Baltimore, Md.

NURSES—Graduate nurses wanted for general duty in a 25-bed hospital in an Iowa town of 6,000. Work light; surroundings pleasant. Salary $100, with maintenance, and increased after four months if work is satisfactory. Address T. N.—684, THE MODERN HOSPITAL, 22 E. Ontario St., Chicago.

NURSES—Registered nurses wishing to review their medical, surgical or contagious nursing technic, are eligible for general day or night duty at the New Haven Hospital—the teaching hospital of Yale University Medical School. Many departmental expansions are being planned, and nurses familiar with the ward routine will be given preference for positions to be created. State qualifications in full when making application. Address Superintendent of Nurses, New Haven Hospital, New Haven, Conn.

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(Continued on page 82)

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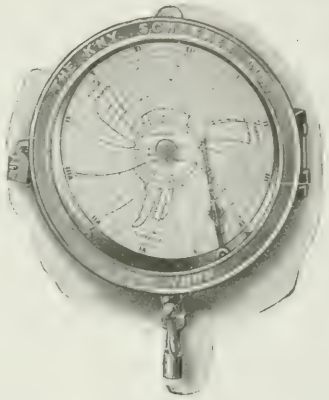

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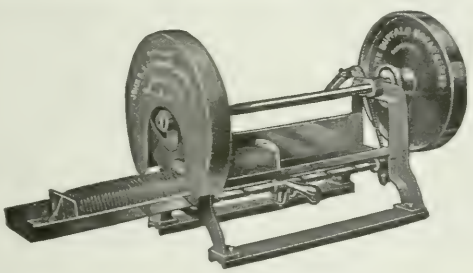

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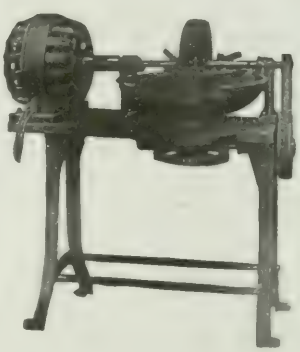

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(Continued from page 80)

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SUPERINTENDENT—Experienced superintendent wanted for the Hebrew Hospital of Baltimore. Modern hospital of 175 beds, with nurses' home, dispensary, maternity, and laboratory. Send reference and record. Apply A. Ray Katz, Chairman, 210 W. Baltimore St., Baltimore, Md.

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SUPERVISORS AND NURSES—Supervisors for maternity floor and children's wards, also night supervisor and general duty nurses wanted. Apply Superintendent, Maternity and Childrens Hospital, Toledo, O.

TECHNICIAN—Experienced laboratory technician wanted. Address Superintendent, Braddock General Hospital, Braddock, Pa.

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AFFILIATIONS. The New York Infirmary for Women and Children, 321 East 15th St., New York City, offers exceptional opportunities to accredited schools of nursing who wish to give their students additional experience in special branches of nursing. The course of instruction includes lectures, class demonstrations and clinical experience in obstetrics, pediatrics, medical and gynecological nursing and public health service. For further information address the Principal of the School for Nurses.

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Continued on page 84

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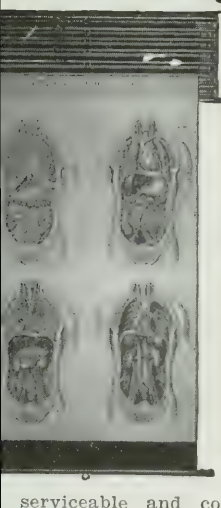

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(Continued on page 86)

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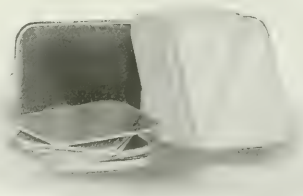

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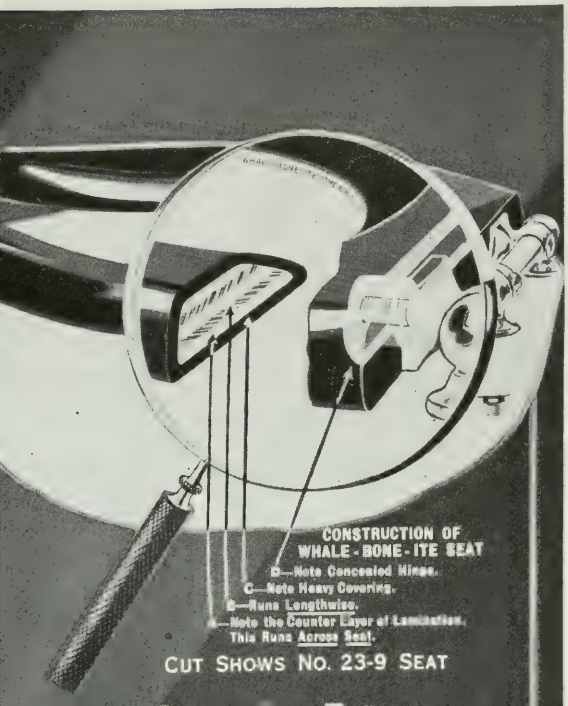

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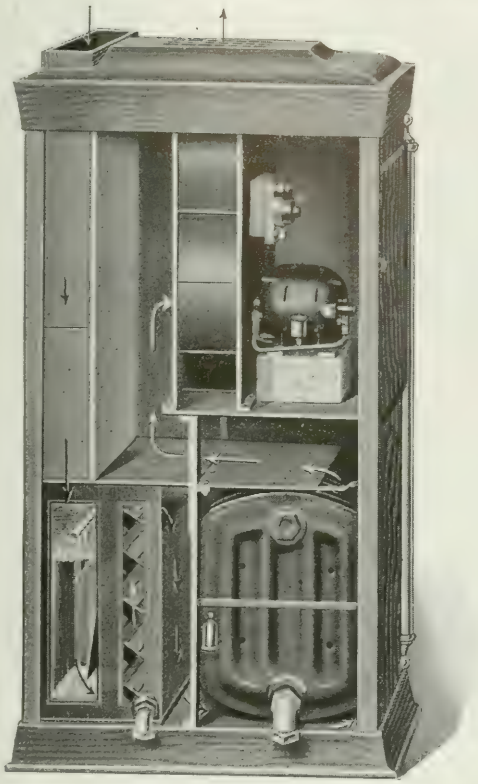

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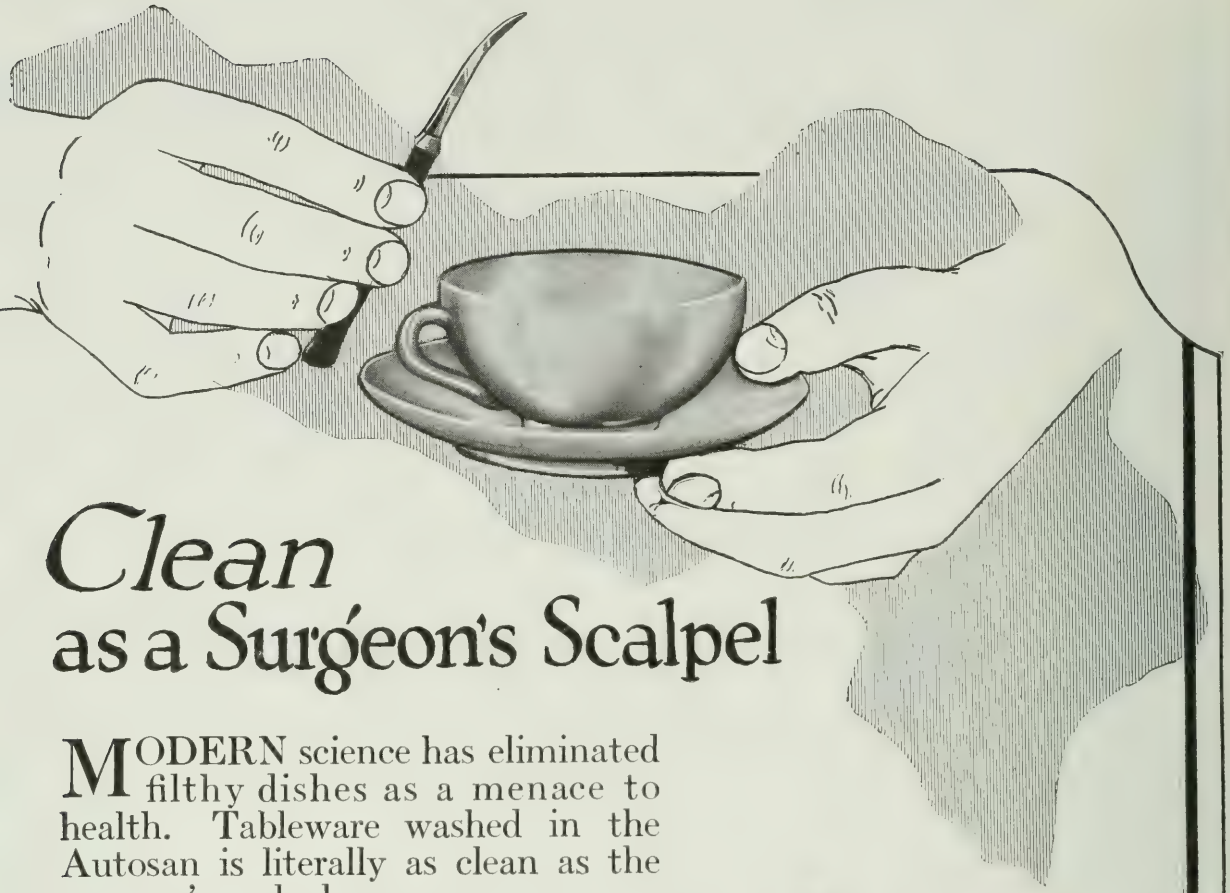

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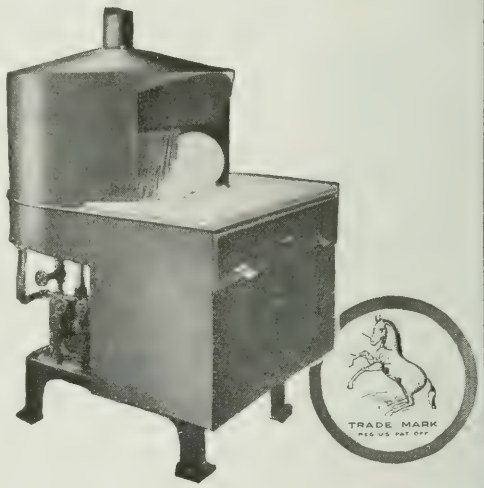

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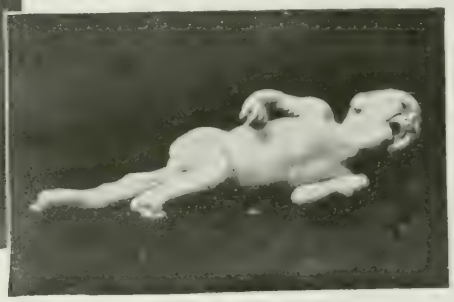

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Virol is composed of Red Marrow, extracted from ox rib and calves' bones by C. P. glycerine; refined Marrow and Beef Fat; highly diastasic Malt Extract; Eggs; Lemon Syrup and soluble Phosphates.

In glass jars, 50c, $1.00 and $[illegible]

Virol

Used in more than 2000 hospitals, sanatoria, and infant clinics in Great Britain

Liberal samples of VIROL and interesting literature will be mailed to physicians on request.

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Style No. 754

This model, made of White Poplin, is a very becoming and practical Nurses' Uniform. Trimmed with large pearl buttons, plaited front and back. Sizes 34 to 46.

rice, $8.75 (plus duty in Canada)

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s emblematic of all the style, quality, alue you can purchase in uniforms at rice.

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HE HOUSE OF QUEEN MAKE"

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COLSON WHEELS TRADE MARK

Invest in the Best

The Colson Line

Ball Bearing, Rubber Tired Truck. No. 1065.

YB Page 422

Self Propelling, Reclining, Invalid Rolling Chair, "U. S. ARMY STANDARD." Bulletin B.

YOU can not go WRONG IF?
YOUR PURCHASER keeps "THE COLSON LINE" of Catalogs for handy Reference.
QUIET, easy running trucks, wheel chairs and truck wheels.

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Seeger

THE ORIGINAL SIPHON REFRIGERATOR

Great attention to detail has been the main reason for the success of Seeger Original Siphon Refrigerators for Hospital service.

There is a great variety of styles in the Seeger Line—a style for every hospital requirement.

Hospital heads are urgently invited to use the services of the Seeger Organization in solving their refrigerating problems.

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Page 751

SEEGER REFRIGERATOR COMPANY
Saint Paul, Minn.
82 Washington St., Boston 399 Madison Avenue, New York, N. Y.
803 S. Hill Street, Los Angeles, Calif.

Cheery Hospital Windows From Without and Within

The public shrinks from a hospital that looks "hospitally." You can add to the cheery homelikeness of your institution by dressing your windows with

Athey Perennial *Accordion Pleated Shades*

To the *passer-by* these shades have the effect of elegant draperies or Venetian blinds. They look cosy and inviting.

And to the *patients* and *employees*, the air of culture and restful richness adds mightily to the satisfaction of living—gives a finer "outlook" upon life, in more ways than one.

To these two psychological advantages the management adds: a lower maintenance cost; greater factor of sanitary safety; a *perfect* control of sunlight and air, as the shades go—

Up from the bottom, down from the top, either or both, by the pull of cord"

THE GOVERNMENT HAS ADOPTED THIS SHADE AS STANDARD FOR ITS HOSPITALS

Send for a sample

ATHEY COMPANY
6047 W. 65th St., Chicago

ALSO MANUFACTURERS OF ATHEY CLOTH LINED METAL WEATHERSTRIP

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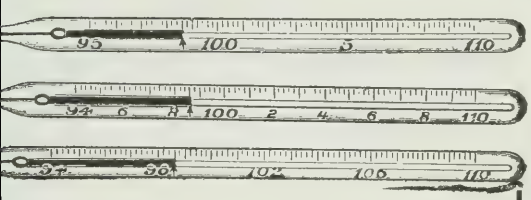

Thermometers are Seasoned from 8 to 10 Months

icensed Manufacturer State of Mass. Seal "Mass. K. T."

Guaranteed to be Correct and Easy to Shake Down

E. KESSLING Thermometer Co.

blished 1892 **Brooklyn, N. Y.**

Pasteurize in the Bottle

The Only Sanitary Way

It Means Better Milk

Lower Cost

Many hospitals and allied institutions throughout the country have found that by the installation of the Allis Pasteurizer, they have been able to save 20% to 30% on their milk bills and serve their patients better milk. Turned or sour milk is disgusting to all.

We shall be glad to furnish you with detailed information, without cost, on how you can do the same, if you will write us, of your daily milk requirements.

Buffalo Board of Health or Homeopathic Hospital for reference.

CLARK ALLIS

Medina, - New York

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EVERYTHING
In Paper Sputum Cups

BURNITOL
TRADE MARK
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"To Be Certain—

Burn-It-All"

No. 5 COVERED SPUTUM CUP.
An all paper "Burnitol" Cup.

BURNITOL MANUFACTURING COMPANY
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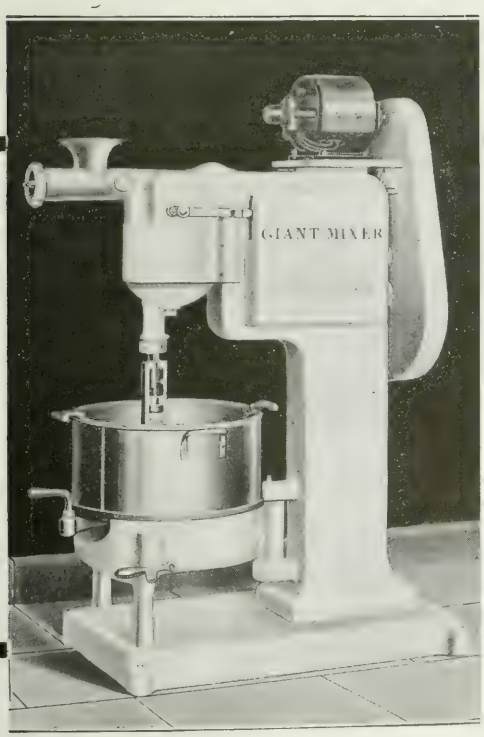


THE UNIVERSAL MIXER—
A SERVANT OF THE KITCHEN

Many hospitals and allied institutions throughout the country hav found that by the installation of a Universal in their kitchen th scarcity of kitchen help has been solved. The Universal will do th work of three or four people in one-fifth the time and does i work far better than it is possible for human hands to do.

Truly, it is the most wonderful kitchen aid in existence.

Here is what the Universal will do:

Mix bread or cake dough
Grind meat and coffee
Strain soup
Make purees
Slice vegetables
Polish silver

Mash potatoes
Crush fruit
Make peanut butter
Crumb bread
Beat eggs, batter or mayo naise
Sharpen knives and tools

YB
Page 850

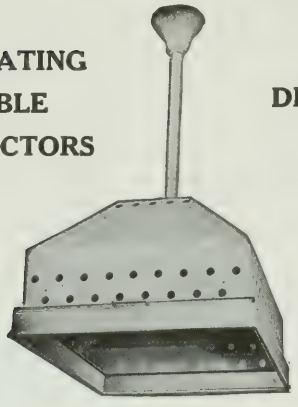
Descriptive literature sent free on request.

The CENTURY MACHINE CO
Cincinnati, Ohio

SURGICAL WORK
de Safer, Swifter and Easier

ERATING
TABLE
LECTORS

MANY
DIFFERENT
STYLES



No. 18669. Reflector with forced ventilation. Heat eliminated. Double glass bottom. 50 foot-candles concentrated on table.

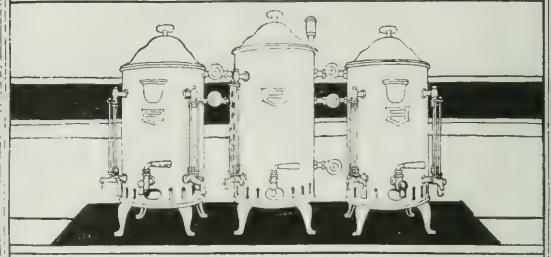
Lighting Service for Hospitals

Send for Catalog No. 421

I. P. FRINK, Inc.

St. and 10th Ave. NEW YORK

REGISTERED CHAMCO TRADE MARK



The Finish Of Chamco* Coffee Urns Is A Conclusive Expression Of The Thoroughness With Which We Have Built What Is Underneath

Your Dealer No Doubt Stocks Our Urns. If Not, Send Us His Name And We Will Arrange To Supply Him Promptly With Your Requirements.

"You will make better coffee with a Chamco"*

CARL H. ARWE MANUFACTURING CO.

*Registered Trade Mark Brooklyn, N.Y.

To the Hospital Superintendent

We beg to announce to you, that we are now located in our new and commodious factory, located at 322-358 Mt. Vernon Avenue, where we have as modern a factory as can be built, and where we are manufacturing Furniture in larger quantities than ever heretofore.

Our business has steadily increased since our beginning the manufacture of Hospital Furniture in 1898, with the result that our former quarters were entirely too small to take care of our many customers satisfactorily.

At our new plant, we expect to construct and finish our product equally as good if not better than ever before. Not "How Cheap" but "How Good" is our slogan, and "Quality" is the watchword with our employees in each department.

Over 10,000 square feet of floor space will be devoted to our Enameling Department alone, which will result in our making very quick delivery of practically anything selected from our catalog.

Y B Page 424

Catalogue and prices gladly sent upon application. An opportunity to serve you when in the market for additional equipment is respectfully solicited.

The Columbus Aseptic Furniture Co. *"Everything Aseptic"* **Columbus, O.**

No Awnings Required
Roller shade attached to sash provides efficient awnings.

Ideal for Solariums
Fresh air room or weather-proof sun parlor as you wish.

Weightless, Reversible
Easy to operate. Snug weathering. Sturdy strength.

Kawneer

SIMPLEX
WEIGHTLESS REVERSIBLE
WINDOW FIXTURES
MADE OF SOLID BRONZE
for
Modern Hospitals

Modern Hospital Windows must be more than *sash and glass.* Ventilation and light control are now recognized as positive requirements for the sick room. *Simplex Windows* give the utmost efficiency on these two points, besides a score or more of other exclusive features. Another of these big features is that they can be cleaned from within, as all *Simplex* sash are reversible.

LET US SEND YOU FULL DETAILS

THE Kawneer COMPANY
NILES MICHIGAN

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The Modern Idea in
Artificial Feeding of Infants

Mead's Dextri-Maltose
is prepared
in Three Forms
o. 1. With Sodium Chloride, 2%.
(For average baby.)
o. 2. Unsalted or plain.
or the physician who wishes to add
larger amounts of salt.)
o. 3. With Potassium Carbonate, 2%.
(For the constipated baby.)

Mead's Dry Malt Soup Stock
prepared especially for the marasmic
pe of baby. Such cases generally
rive astonishingly well on Dry Malt
up (a mixture of cow's milk, maltose,
xtrin, wheat flour and potassium car
nate).

Human milk is the best baby food and cow's milk, intelligently and properly modified, is the best available substitute.

Proper modification involves the addition of sugar and food salts which Mead's Dextri-Maltose supplies in forms suited to different feeding conditions.

Individual infants differ so greatly in food requirements and food tolerance that no standard feeding mixture can be employed, but each case must be fed according to its own needs.

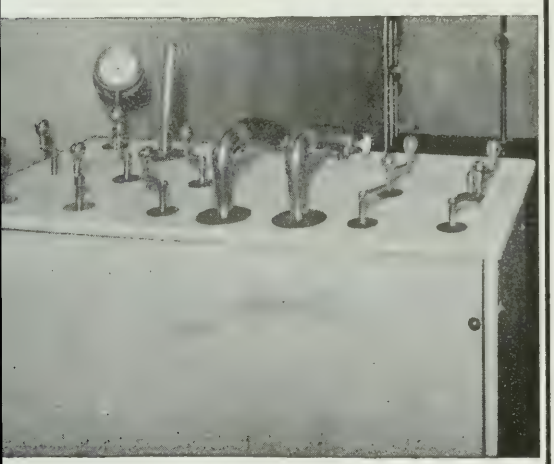
These needs can only be determined by a physician. *Hence our adoption of*

THE MEAD JOHNSON POLICY

Mead's Dextri-Maltose is advertised only to the Medical Profession. No feeding directions accompany trade packages. Information regarding its use reaches the mother only by written instructions from her doctor on his own private prescription blank.

Write us for interesting literature explaining our policy and our methods. Our key for preparing individual formulas will interest you.

MEAD JOHNSON & CO., 303 St. Joseph Avenue, Evansville, Ind.



Dr. S. Baruch's Original Douche Table. Manufactured and Installed by Frank Richter in 1896

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plete BARUCH-RICHTER Hydrotherapeutic Apparatus
consisting of

CHE TABLE, Italian Marble.....$550
ULAR RAIN & PERINEAL DOUCHES 250

pecifications furnished for the proper installation of a HYDRIATIC DEPT.

DROTHERAPEUTIC APPARATUS CO.
FRANK RICHTER
olumbus Avenue New York
y MODERN HOSPITAL on Faulty Hydrotherapeutic Installations
Page 419

Warm Food—

Warm Plates!

No soot, gases or fumes to spoil dishes or food kept in this Edison Electric Plate and Food Warmer.

Edison equipment means clean, sanitary kitchens. Write us for further information on the entire Edison line.

Edison Electric Appliance Co., Inc.
Chicago

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VAN'S KITCHEN INSTALLATIONS HAVE STOOD THE TEST OF TIME

Time and experience have proven that the design and construction of Van's Food Cooking Equipment and the Planning of its installation are most practical.

We point with pride to the unqualified endorsements received from hotels and institutions all over the nation as proof of our claim. The letter illustrated here is but one of many.

Our Food Serving Equipment in dining-rooms, lunch rooms and cafeterias receives like comment.

Have you a food-cooking-and-serving problem confronting you? Are you in need of additional apparatus? Is your stock of supplies depleted? Whether your needs call for a complete installation, a new coffee urn or a supply of china, Van's Food Service Engineers will capably serve you.

Correspondence Receives the Prompt, Personal Attention of Executives.

Write for our Supplement A

CHICAGO **The John Van Range Co.** DETROIT

EQUIPMENT FOR THE PREPARATION AND SERVING OF FOOD

Cincinnati

Among the nation's best hotels equipped with Van's Equipment for the Preparation and Service of Food are—

Rainbow, Great Falls, Mont.
Cleveland, Cleveland.
Sinton, Cincinnati.
Blackstone, Chicago.
Statler, Detroit, Cleveland, St. Louis.
Patten, Chattanooga.
Andrews, Minneapolis.
Savery, Des Moines.
Ashtabula, Ashtabula, O.
Galvez, Galveston.
Baltimore, Kansas City.
Ft. Pitt, Pittsburgh.

Hotel Rainbow, Great Falls, Mont.

HOTEL Rainbow

GREAT FALLS MONTANA

The John Van Range Company,
5th & Broadway,
Cincinnati, Ohio.

Gentlemen:

Yes, the Hotel Rainbow is equipped with Van ranges, and the John Van Range Co. many installed our entire kitchen service at the time the Hotel Rainbow was erected nine years ago. The equipment is still in operation and is giving splendid satisfaction from every standpoint.

Just recently at the annual convention of the Montana Hotel Men's Association which was held in Great Falls, the visiting hotel men were taken through this hotel and particularly complimented us on having such a sanitary, well arranged kitchen and such good equipment.

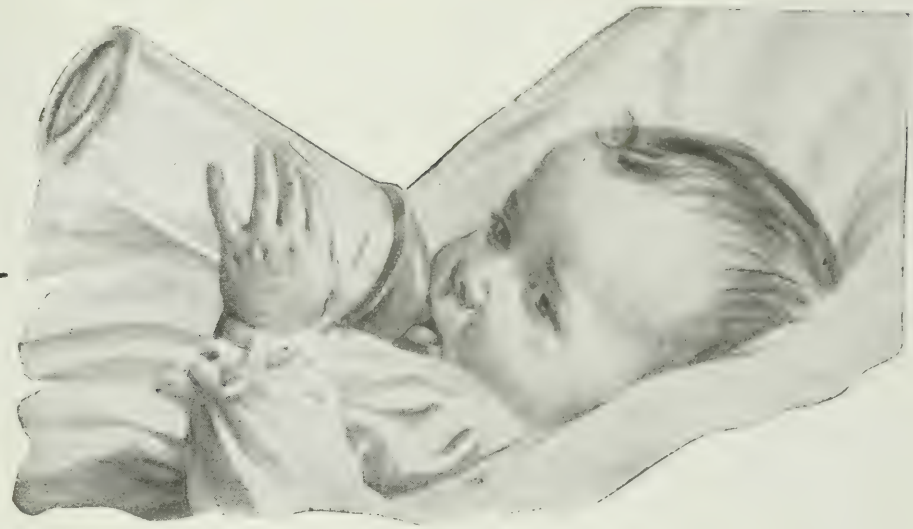
Unfortunately we have no exact measurements of the kitchen [illegible] but will prove to you if you will [illegible] in the month or, and we will be able to [illegible] them.

If we can [illegible] point please remember that we will be more than willing.

Yours very truly,

DIRECTORY OF HOSPITAL *AND* ALLIED ASSOCIATIONS

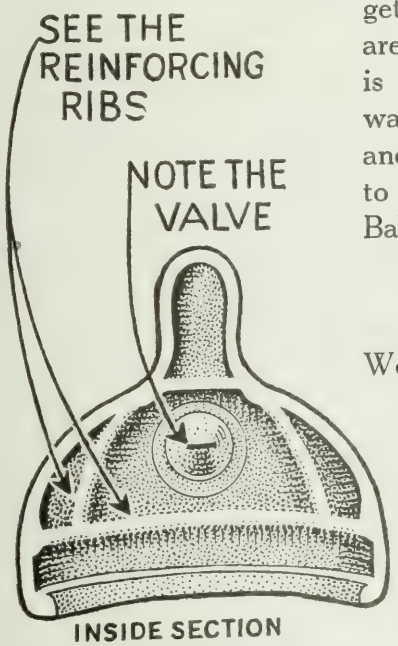
SOCIETY	PRESIDENT	SECRETARY	NEXT MEETING
Association of Hospital Workers	Ida M. Cannon, Chief of Social Service, Mass. General Hospital, Boston, Mass.	Ruth V. Emerson, Director, Bureau Medical Social Service, U.S.P.H.S. Hospital, American Red Cross, Washington, D. C.	Montreal, Canada, October, 1920.
Association of Industrial ns and Surgeons	Dr. Otto P. Geier, University of Cincinnati, Cincinnati, Ohio.	Dr. Francis D. Patterson, chief of Division of Industrial Hygiene and Engineering, Department of Labor and Industry of Pennsylvania, Harrisburg, Pa.	Boston, Mass., 1921.
Association of Railway s	Dr. Robert McConaughy, York, Neb.	Dr. Louis J. Mitchell, 29 E. Madison St., Chicago.	Chicago, Oct. 13-15, 1920.
College of Surgeons	Dr. George E. Armstrong, Montreal, Canada.	Dr. Franklin Martin, 25 E. Washington St., Chicago.	Montreal, Oct. 11-15, 1920.
Conference on Hospital	Dr. Frank Billings, Dean Rush Medical College, Chicago, Ill.	Dr. A. R. Warner, 22 E. Ontario St., Chicago.	Montreal, Oct. 8, 1920.
Dietetic Association	Lulu G. Graves, Home Economics Dept., Cornell University, Ithaca, N. Y.	Miss E. M. Geraghty, 1332 Forest Court, Ann Arbor, Mich.	New York City, Oct. 25-27, 1920.
Hospital Association	Dr. Joseph B. Howland, superintendent Peter Bent Brigham Hospital, Boston.	Dr. A. R. Warner, Lennox Bldg., Cleveland, O.	Montreal, Canada, Oct. 4-8, 1920.
Medical Association	Dr. Wm. C. Braisted, Washington, D. C.	Dr. Alexander R. Craig, 535 N. Dearborn st., Chicago.	Boston, 1921.
Medico-Psychological As- n	Dr. Owen Copp, Philadelphia, Pa.	Dr. H. W. Mitchell, Warren, Pa.	Boston, Mass., 1921.
Nurses' Association	Clara D. Noyes, R.N., 1726 M St., N. W., Washington, D. C.	Katherine DeWitt, R.N., 19 W. Main St., Rochester, N. Y.	Seattle, Wash., 1922.
Protestant Hospital Asso-	Dr. Frank C. English, St. Luke's Hospital, Cleveland, O.	John Cratty, superintendent Presbyterian Hospital, Philadelphia, Pa.	Not yet announced.
Public Health Association	Dr. W. S .Rankin, State Health Officer, Raleigh, N. C.	A. W. Hedrich, 169 Massachusetts Ave., Boston, Mass.	San Francisco, Cal., Sept. 13-17, 1920.
rican Sanatorium Associa-	Dr. Lawrenson Brown, Saranac Lake, New York.	Dr. E. S. McSweeney, New York City.	Not yet announced.
Hospital Association	Rev. C. B. Moulinier, Marquette School of Medicine, Milwaukee, Wis.	Dr. B. F. McGrath, Marquette School of Medicine, Milwaukee, Wis.	Not yet announced.
Congress of the American of Surgeons	Dr. George E. Armstrong, Montreal, Canada.	Dr. Franklin Martin, 25 E. Washington St., Chicago.	Montreal, Oct. 11-15, 1920.
of American Physicians rgeons of North America	Dr. Simon Flexner, N. Y.	Dr. Walter R. Steiner, Hartford, Conn.	Washington, D. C., May 1922.
oi Valley Conference on ulosis	Dr. John H. Peck, Des Moines, Iowa.	Dr. A. T. Laird, Nopeming Sanatorium, Duluth, Minn.	
League of Nursing Educa-	Anna C. Jannie, State Dept. of Health, Oakland, Cal.	Alice H. Flash, Letterman General Hospital, Presidio, San Francisco, Cal.	Kansas City, Mo., 1921.
Organization for Public Nursing	Miss Edna L. Foley, Chicago.	Ella Phillips Crandall, R. N., 156 Fifth Ave., New York City.	Seattle, Wash., 1922.
Society for the Promotion upational Therapy	Mrs. Eleanor Clarke Slagle, general superintendent of Occupational Therapy Dept., Illinois State Dept. of Public Welfare; 2816 So. Michigan Ave., Chicago, Ill.	Mr. Louis J. Haas, director Occupational Therapy for Men, Bloomington Hospital, White Plains, N. Y.	
Tuberculosis Association, urth Ave., New York City.	Dr. Gerald B. Webb, Colorado Springs, Colo.	Dr. George M. Kober, Washington, D. C.	New York City, June, 1921.
spital Associations			
ticut Hospital Association	Dr. L. A. Sexton, superintendent Hartford Hospital, Hartford.	Miss K. M. Prindiville, superintendent Lawrence Memorial Hospital, New London.	Not yet announced.
Hospital Association	Dr. W. P. Morrill, University Hospital, Augusta.	L. C. Brown, superintendent City Hospital, Macon.	Macon. Date not yet announced.
Hospital Association	Dr. M. L. Harris, 25 E. Washington St., Chicago.	Dr. E. T. Olsen, Englewood Hospital, Chicago.	
Hospital Association	Dr. D. F. Shik, Topeka.	Dr. T. A. Jones, Hutchinson.	Oct. 8, 1920.
an Hospital Conference	C. G. Parnall, M.D., University Hospital, Ann Arbor.	Durand W. Springer, University Homeopathic Hospital, Ann Arbor, Mich.	Grand Rapids, Mich., Dec. 7-8, 1920.
ota Hospital Association	Col. L. B. Baldwin, superintendent of the University Hospital, Minneapolis.	J. E. Haugen, superintendent St. Paul Hospital, St. Paul.	
ersey Hospital Association	Dr. B. S. Pollak, Medical Director, Hudson County Tuberculosis Hospital, Secaucus, N. J.	Mr. John M. Smith, superintendent Muhlenberg Hospital, Plainfield, N. J.	Atlantic City. Date not yet announced.
Carolina Hospital Associa-	Dr. James M. Parrott, Kinston, N. C.	Dr. John Q. Myers, Charlotte, N. C.	Not yet announced.
Iospital Association	P. W. Behrens, M.D., Toledo Hospital, Toledo, Ohio.	F. E. Chapman, Mt. Sinai Hospital, Cleveland, Ohio.	Toledo, O., May, 1921.
na Hospital Association	Dr. Fred S. Clinton, president Oklahoma Hospital, Tulsa.	Mr. Paul H. Fesler, superintendent University Hospital, Oklahoma City.	
tate Hospital Association	Mr. W. W. Rawson, Superintendent, Dee Memorial Hos., Ogden, Utah	Dr. E. F. Root, Holy Cross Hospital, Salt Lake City. Utah.	
Virginia Hospital Assn	Dr. J. A. Guthrie, Guthrie Hospital, Huntington, W. Va.	Miss Emma Vernon, secretary West Virginia Hospital Association, Parkersburg, W. Va.	
Hospital Association, Al-	Rev. J. E. Murrell-Wright, Lethbridge.	Dr. J. L. Fryshe, superintendent Royal Alexandria Hospital, Edmonton.	Calgary, Oct. 20, 1920.
Hospital Assn., Vancouver,	Dr. H. C. Wrinch, superintendent Hazelton Hospital, Hazelton, B. C.	Dr. M. T. MacEachern, superintendent Vancouver General Hospital, Vancouver, B. C.	Not yet announced.
an Association of Nursing ation	Miss Grace Fairley, City Hospital, Hamilton, Ont.	Miss Mabel MacNeill, Children's Hospital, Winnipeg, Man.	
an National Association of ied Nurses	Miss E. MacP. Dickson, Weston, Ont.	Miss F. MacMillan, Royal Alexandra Hospital, Edmonton, Alta.	
Hospitals Association	Lord Sandhurst, Chairman of Council.	J. Courtiney Buchanan, 1 Central Buildings, Tothill st., Westminster, S. W.	



Faultless Feeds Baby BETTER

The "FAULTLESS NURSER" feeds Baby BETTER than any other nurser, bar none. Being fed better, Baby is healthier and more comfortable and consequently happier. He cries less, rests better, grows faster, thrives better.

The "FAULTLESS NURSER" consists of a sanitary-type, wide-mouth, no-neck glass cell and a correct shape, velvety soft and smooth nipple (either maroon or black). This nipple has been rightly described as "Next Best to Mother's Breast." Its Patented Valve and Re-inforcing Rib Construction prevents collapsing and provides a uniform flow of food, uninterrupted until the bottle is empty. As Baby gets food, not air, much wind colic and allied "gas" troubles are prevented. The fine quality rubber of which this nipple is made is not injured by frequent sterilizing in boiling water. Both nipple and glass can be thoroughly cleansed and make in every way the ideal nurser—easy to clean, easy to assemble or take apart, but does not come apart while Baby is using it.



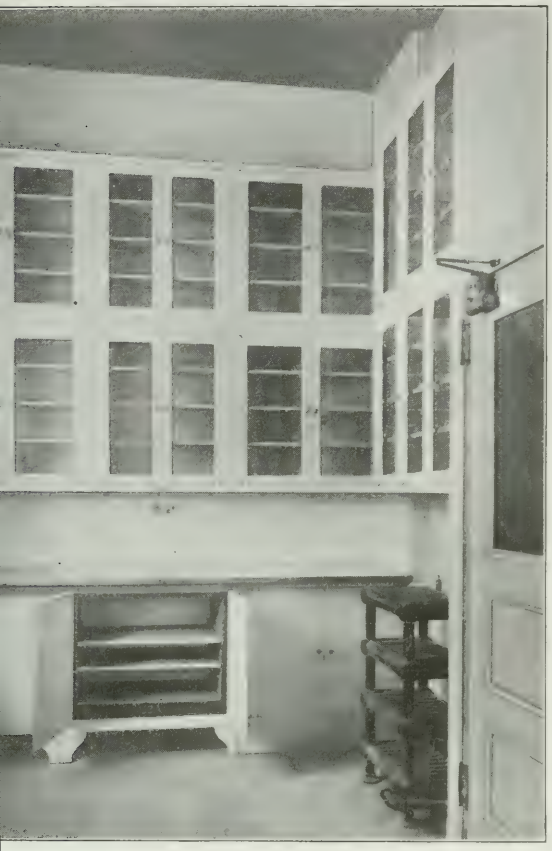
Let Us PROVE It to You

We ask the privilege of proving to your entire satisfaction that the "FAULTLESS NURSER" really does feed Baby BETTER than any other nurser. Immediately upon receipt of word from you, we will take considerable pleasure in forwarding, gratis, a "FAULTLESS NURSER" for you to examine and test in actual use. Remember, you will be doing some Baby a favor as well as doing one for us. **Please write TODAY.**

THE FAULTLESS RUBBER COMPANY

965 Rubber Street **Ashland, Ohio**

STEEL DRESSERS



In the Diet Kitchens Use

STEEL DRESSERS

instead of the old fashioned Wooden Dressers

Install The "WHITE HOUSE" Line
of
White Enameled Steel Dressers
and thus be assured of a sanitary kitchen

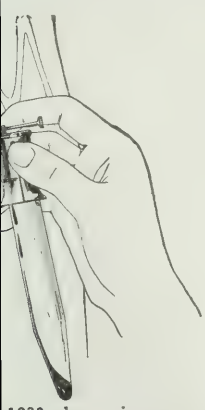
Manufactured in a UNIT SYSTEM to fill practically any space and for many purposes

Information on request.

JANES & KIRTLAND
131 West 44th Street New York

A NEW
)OD COLLECTING OUTFIT
for
COLLECTING BLOOD DIRECTLY IN CENTRIFUGE TUBES

Described in the Journal of the American Medical Association for January 10, 1920



1233 shown in use. Postpaid, $1.10.

This device, originated by the Detroit Clinical Laboratory, is designed to obviate the necessity of transferring blood from a Syringe, Vacuum Tube, or other collecting device to a centrifuge tube.

It consists of a nickeled brass cap, in the closed end of which is held, by means of a knurled set screw, a hollow steel needle. The cap is constricted just above the open end and slotted, thus providing a spring clamp by which it is held firmly over the flange of the usual 15 cc. centrifuge tube. By this means the blood may be collected directly in the centrifuge tube.

CENTRAL SCIENTIFIC CO.
460 East Ohio Street
CHICAGO, U. S. A.

"Positions Wanted"

IF you are looking for a satisfactory position as superintendent, head nurse, or dietitian, the chances are that a little *"want ad"* in the Classified Advertising Department of THE MODERN HOSPITAL under the above heading would put you in touch with a number of good openings.

Hospital officials, when in need of competent and experienced hospital workers, invariably refer to these columns, and hundreds of persons have been helped to very desirable positions at a very small cost and in a very short time.

Classified advertisements cost but five cents a word, including the proper heading and keyed address, and where three, or more, insertions are run the cost is but four cents a word. No charge for forwarding replies through our office. For further information see advertising, page 76.

Send a trial advertisement today.

Classified Advertising Department
The Modern Hospital Publishing Co.
22-24 E. Ontario St., Chicago

Consult the 1920 Year Book for Catalog information.

Are These Marks Attractive?

To most people they are not, because they break up an even surface into irregular parts.

They represent in graphic form the appearance of a wall that has been finished with a paint that dries too quickly. Every lap made by the painter can be seen.

A wall paint that is properly made should leave what is known as a "wet edge." A wall is painted in sections. After one section is finished and the painter begins on the next, the edge of the first should be sufficiently moist to allow brushing out, so that the line of joining will not show. The surface then has a smooth, uniform appearance when the job is finished.

TOCOTONE

leaves a perfect "wet edge"—laps can be caught up easily thus making a smooth even surface, which is restful and pleasing to the eye.

Tocotone imparts to walls and ceilings a soft, velvety finish that reflects plenty of light without glare. It is the ideal paint for the interior of hospitals—why not use Tocotone on the next room you re-decorate.

Write us today and we will send a representative to you with quotations and complete information regarding Tocotone and our other products suitable for use in hospitals.

THE TROPICAL PAINT & OIL CO.
CLEVELAND, OHIO.

Specialists in the Manufacture of Protective and Decorative Coatings for Hospitals, Buildings, and Industrial Plants

Personal Service for Practical Hospital Programs

TO those civic bodies interested in the promotion of hospital programs, public health movements or community betterment campaigns the expert ability of the executives of The Community, Health and Hospital Service Company is now proffered. The scope of service offered embraces the following:

Hospital or Institutional Service

Surveys—Consultant Service. Giving Expert Advice and Supervision on Planning, Construction, Equipment, Successful Financing, Administration and Operation—Financial Campaigns for the Initial Construction, Additional Capacity or Liquidation of Financial Obligations—Educational Publicity in Connection with Financing and Building or for Popularizing Institutional Programs.

Public Health Programs

Organization and Field Surveys—Program Planning—Expert Reorganization—Educational Publicity.

Legislative Service

Expert Counsel on Hospital Legislation—Public Health Laws—Bond Issues—Publicity Service.

Community Service

Surveys—Analysis and Counsel on Community Needs, Including Chambers of Commerce, Industrial Relations, Community Houses, Libraries, Parks and Playgrounds, Federated Charities, Housing, Industrial Development, Conservation of Resources, Community and Civic Fund Campaigns—Lecture Service.

COMMUNITY HEALTH SERVICE HOSPITAL

Directing Staff

Consultation and Surveys

John A. Hornsby, M.D.
Robert H. Bishop, M.D.

Legislative Counsel

Howell Wright

Financial and Organization

Hugh Spaulding
Myron Chandler
Edward W. Huelster

Educational and Campaign Publicity

Elmore Lellingwell
J. Dean Halliday
Chas. Eisele

Inquiries in regard to any service of a nature coincident with the outlines given above are welcomed

The Community, Health and Hospital Service Company

ATLANTA
National City Bldg.

CLEVELAND
Premier Bldg.

NEW YORK
25 West 45th Street

HOSPITALS AND INSTITUTIONS

Through a Central Purchasing Bureau may secure all the economies of cooperative buying and the services of a thoroughly organized and experienced purchasing department.

We solicit an opportunity of explaining our system.

EDWIN I. SIMPSON
1234 Real Estate Trust Building
PHILADELPHIA, PA.

The first and only Permanent all-the-year-'round Fly Screen for Full Window Length—it ROLLS UP AUTOMATICALLY like a window shade.

Women Patients' Pleasure

and Convenience is an immeasurable asset to any Hospital. To provide immediate outdoor access, you'll require

Fli-Bac Screen

equipment. To know that you have a fixture that never has to be taken down, stored and then put up again, is an untold saving, too. FLI-BACS last practically as long as the building itself, because they are of Parkerized steel construction with 16 mesh copper wire cloth (unless otherwise specified).

Know about this unequaled window utility by writing us today.

Fli-Bac Screen Corporation
ROCHESTER, N.Y.

In the Service of the Men Who Served Their Country

Hospitals and hotels everywhere that have set for themselves the highest sanitary standard use **"Wear-Ever"** aluminum utensils in their kitchens. The Government, too, has recognized the cleanliness of **"Wear-Ever"** and its many other advantages by placing

"Wear-Ever"

Aluminum Cooking Utensils

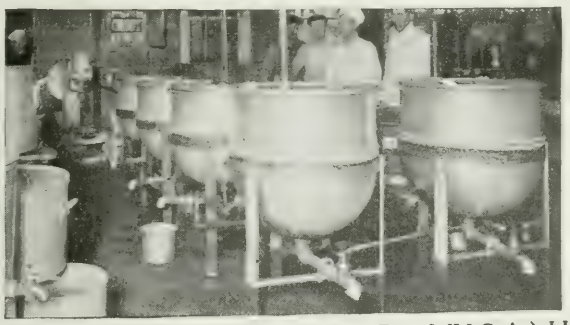
In the Kitchens of

The Walter Reed (U. S. A.) Hospital and St. Elizabeth's Hospital, Washington, D. C.

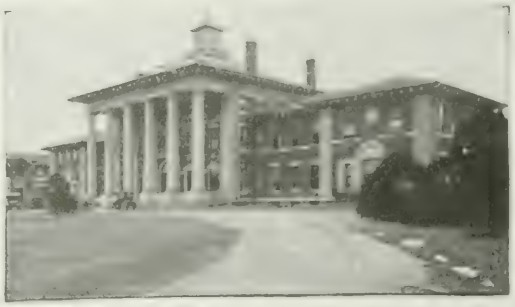
The Walter Reed Hospital is now caring for many seriously injured service men, and had three thousand beds during the war. Many **"Wear-Ever"** utensils, in addition to those shown, are used in its kitchens.

St. Elizabeth's Hospital is a Government hospital for the insane, and is also caring for some service men. Its **"Wear-Ever"** utensils consist of a large number of coffee boilers, two 30-gal., four 70-gal., and two 80-gal. Liberty Urns, and two 40-gal., and four 80-gal. Type 3 Steam Jacketed Kettles.

Replace utensils that wear out with utensils that "Wear-Ever"

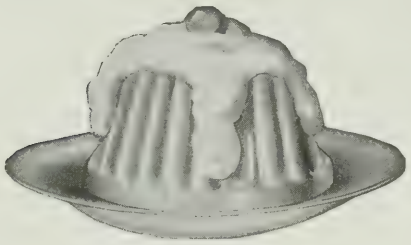


The Walter Reed (U.S.A.) Hospital—Washington, D. C.



St. Elizabeth's Hospital—Washington, D.C.

The Aluminum Cooking Utensil Co., New Kensington, Pa.



Gumpert's
Chocolate Pudding

empting and delicious—just the thing to mper the convalescent's fickle appetite. ecause of the unusual care taken to make absolutely pure and nourishing, doctors d dietitians in leading hospitals endorse it

The Ideal Dessert

lves quickly and conveniently the ever esent problem of what to select and pre- re that sick folks can relish and enjoy

Purity—Economy

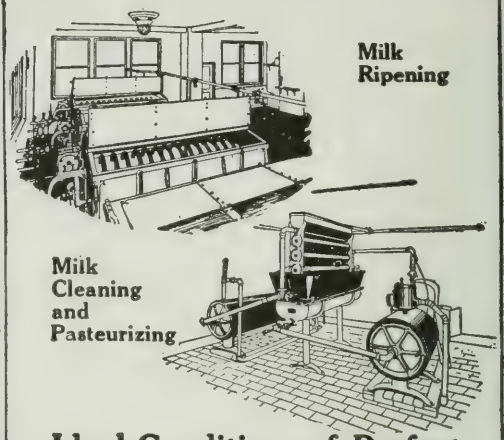
mpert's Chocolate Pudding is carefully made m milk, eggs, chocolate, cocoa, starch, salt and vor—nothing added—nothing extracted but the ter. High in caloric value—156 calories to the -lb. portion. Easily prepared. Simply add water, ecten to taste, boil and let cool in molds. Costs t 2c to make a ¼-lb. portion.

Send for Free 9 portion sample

S. Gumpert & Company

ooklyn New York Chicago

pert's Chocolate Pudding is used extensively in leading hospitals everywhere.



Ideal Conditions of Perfect Cleanliness Surrounds the Manufacture of Swift's Premium Oleomargarine

For example, one of the principal ingredients is milk.

The pure selected milk is secured from the best dairying districts.

It is brought in refrigerated cars, piped to the milk room, tested, cleaned and pasteurized.

It is then piped to glass-lined tanks, known as milk ripeners, and given added refrigeration.

The milk room in Swift's oleomargarine plant is lighted naturally, ventilated by washed air—the floors and walls are white tile.

Swift's Premium Oleomargarine is not touched by hands in making or packing.

Swift's Premium Oleomargarine has a rich, just-salty-enough flavor; is a better spread for bread, and splendid for cooking.

It is economical, and sacrifices nothing to taste and flavor.

It is the most widely distributed brand of oleomargarine. Get a package from your grocer today. He has it.

Swift & Company
U. S. A.

Gem Nut Margarine
A Vegetable Product

Snowflake Oleomargarine
Best White Brand

The Morris Supreme MARIGOLDS

Finest Oleomargarine Made

Three Kinds—

MORRIS SUPREME MARIGOLD (NATURAL YELLOW COLOR)
Requires No Additional Coloring

MORRIS SUPREME MARIGOLD (WHITE)
Can Be Colored to Suit Fancy

MORRIS SUPREME MARIGOLD (NUT)
A Pure Nut Oil Product

Morris Supreme Marigolds are made from the finest materials obtainable and every step of the manufacture is under Government inspection. Equal to the best Creamery Butter for table use, also for cooking and baking.

Savés approximately one-third on a staple article of food at no sacrifice of nutrition, taste or appearance.

MORRIS & COMPANY, U. S. A.

Packers and Provisioners

HOLLAND BUTTERINE COMPANY
Jersey City, N. J.

Healthful and Appetizing for Your Diabetic Patients

Muffins, etc., made with Hepco are a delightful revelation to those forbidden starchy foods.

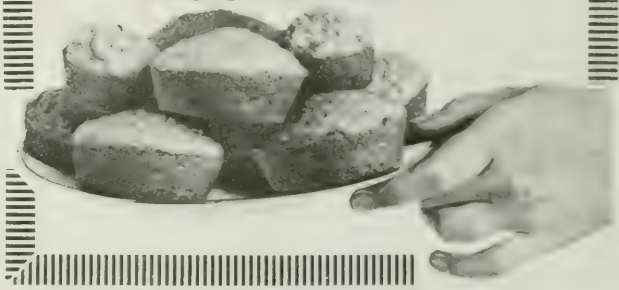
Approved by the Council on Pharmacy and Chemistry of the A.M.A. and leading physicians.

Hepco TRADE MARK REGISTERED **Flour For Diabetics**

Analysis

Water 4.6	Fibre 4.2
Ash 5.1	Nitrogen Free Extract 22.4
Protein 42.9	Fat 20.8

Starch—Trace
Maximum of Protein and Fat—
Minimum of Starch
Waukesha Health Products Co.,
105 Spring Drive, Waukesha, Wis.



Clean and Inviting

Sani METAL

Every modern hospital should have a lunch room. *Sani* Equipment makes an ideal installation because it is so easy to keep clean. The snow-white tops require no linen. No projections or crevices in the bases for dust to collect.

Radiantly white *Sani-Onyx* tables with *Sani-Metal* bases make an ideal installation. The "Raised Rim," an exclusive feature of *Sani-Onyx* tables, prevents chipping and dripping. The snow-white tops require no linen. The porcelain enamel bases are easily cleaned and will last a lifetime in any climate.

Installation of Robert Gair Co.—Brooklyn, N. Y.

Write Today

Don't be the last in your community to install a lunchroom — be the *first*. Send us your floor plans and our engineering department will lay out your space free of charge. Write today and we will send our latest catalogue and some interesting information on industrial lunchrooms.

Sani Products Co

695 Sani Building
209 W. Randolph Street, Chicago, Ill.

Note: The Sani Products Co. is a selling organization to merchandize the combined catalogued products of the Marietta Mfg. Co., and the Chicago Hardware Foundry Co.

Face Fallacy with Fact

Repetition and reiteration of erroneous conclusions arrived at without logical deduction and study of actual facts, circulate fallacies which often handicap and hinder the physician in his efforts to do the best thing for his patients.

IT IS A FACT

that Borden's Eagle Brand constitutes, when properly diluted and given, an adequate, properly-balanced, safe and satisfactory food for infants from birth up to one year of age. This has been incontrovertibly established by the records and results of our Baby Welfare Department and experience of physicians and nurses all over the world.

IT IS A FALLACY

that condensed milk is dangerously deficient in fat. That its sugar content is excessive and unsafe. That its use predisposes to rickets or malnutrition. That it should not be used for infant feeding. To face such fallacies with facts, in the interest of the medical profession, mothers and children, will be the object and accomplishment of subsequent advertisements in this space.

See this space in October number.

THE BORDEN COMPANY
Borden Building New York City

Borden's
EAGLE BRAND
Condensed Milk

Surprise her!

When the appetite lags on the road to convalescence—when the patient has come to dread the monotony of the daily diet—surprise her! Give her one of those tempting, nutritive desserts that can readily be made from SUNSWEET Apricots. Helpful Recipe Packet on request. Address California Prune and Apricot Growers, Inc., San Jose, Calif. An association of 8000 grower-members.

SUNSWEET
CALIFORNIA'S VITAMINE-FLAVORED APRICOTS

READY MADE EVERYTHING FOR THE KITCHEN TO ORDER

WALTER J. BUZZINI, Inc.
505 West 21st Street New York City

Ranges
Broilers
Urns
Cooks' Tables
Kitchen Layouts

Specifications
Retinning
General Repairs

FOR

HOSPITALS, HOTELS, HOMES, CLUBS, SCHOOLS, ETC.

YB Page 375

Kitchen and Cafeteria Equipment

Consult the 1920 Year Book for Catalog information.

Lower Food Cost
—Higher Quality

KING'S

DEHYDRATED

Fruits & Vegetables

King's products are 100% pure food, absolutely no waste. Nothing to throw away. All work of preparation greatly diminished. Much less storage space required.

King's exclusive method of dehydration neither cooks nor bruises the nature-ripened, freshly-gathered fruits and vegetables. No preservatives of any kind are used. Every food element remains intact. Only the water is extracted. These facts particularly adapt King's Products to special dietary menus.

A 25 pound package of King's Apples

equals 5 fifty-pound boxes of fresh.

No paring, cleaning; no spoilage. Revived with water over night to full natural flavor and body.

Use the coupon below to obtain complete information, prices, and samples of the following products:

King's Apples	King's Prunes
King's Apricots	King's Potatoes
King's Cherries	King's Soup Vegetables
King's Loganberries	King's Spinach
King's Peaches	King's Squash
King's Pears	King's Stringless Beans

Be sure to familiarize yourself with King's Products before you stock up for the winter.

KING'S FOOD PRODUCTS CO.
PORTLAND, OREGON

Send in this COUPON

..... 192....

King's Food Products Company,
Hospital Supply Division,
Portland, Oregon.

Gentlemen: Please tell us how King's Products are particularly adapted to hospital use.
Also send us prices and samples of the following:

.....

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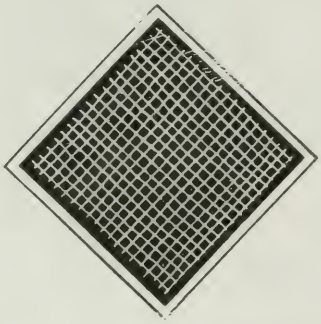
Hospital ..... Street .....

..... City .....

Buyer's Name .....

Curity Products will have a double exhibit at the Annual Convention of the American Hospital Association at Montreal in October. If you are planning to attend you will find a cordial welcome at the convention home of Curity Products.

Absorbent Gauze
Cotton
Bandages
Bandage Rolls
Diaper Cloth
Adhesive Plasters
Cellucotton



New York
Philadelphia
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Lewis Manufacturing Co.

Makers of Curity *Products*

Walpole Mass., U. S. A.

BRYANT
SUPERIOR WIRING DEVICES

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lent Call System

esigned and made for service on tandard house lighting circuits—no roublesome batteries, motor-generator ets or relays. As safe as the lighting ystem. Positive in operation. Affords very convenience for service.

,000 Stations Installed

in over 200 institutions. The ideal system for already built hospitals. Ask our nearest office for bulletin and complete details.

HE BRYANT ELECTRIC COMPANY

BRIDGEPORT, CONN.
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BEST TISSUE
GUARANTEED

THE
SANITARY-TOILET PAPER
WITH

"9 Points of Economy"

INVESTIGATION will disclose buying points not generally known

AATELL AND JONES
PHILADELPHIA, PENNA.

Consult the 1920 Year Book for Catalog information.

Blue Label Prosperity Soda

With the Ammonia "Locked In" feature makes it a double *detergent,* as well as a perfect *disinfectant,* and establishes the true value of soda, because of its super cleansing qualities.

To hold Ammonia in Soda, you must take moisture out.

The best washing soda for you should be the one with the least moisture.

The result is more washing power in the soda.

Blue Label Prosperity Soda

is so tempered it will not injure the finest fabrics but properly prepares them for the remainder of the washing process.

If your jobber does not handle

Prosperity Products

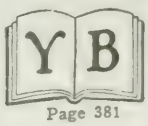
write the General Distributors

Carman Supply Co., Inc.

141-143-145 West 17th St.

New York City

"The House of Prosperity"



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eVilbiss
EROMER
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efies by heating and SPRAYS paraffin preparations.
l metal and has an inner container for the preparation
d a water jacket.
be easily operated with hand bulb or any style pump.
no inaccessible parts.
ickly taken apart for cleaning.
ust proof.
er and steam cannot work into the preparation.
uaranteed to give most satisfactory service.

Price, with Oblo Bulb, $10.00

, Single Container Theromer No. 113, price complete, $4.00

Supplied by Your Dealer

The DeVilbiss Mfg. Company

Dorr Street *Toledo, Ohio*

NEW ENGLAND

HOSPITALS

and

INSTITUTIONS

will be best satisfied if they deal with a New England house when purchasing

Laundry Supplies

We manufacture our soap chips and are the jobbers for the best materials obtainable.

Woodley Soap Mfg. Co.

Soaps and Laundry Supplies

29-49 Norfolk Ave. Boston, Mass.

Kualityweight Linen

FOR THE

Hospital—Institution

Write for Samples and Prices

B. Lowenfels & Co., Inc.

Importers of Linens

Cooper Square New York City

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RESIDENT SALESMEN:

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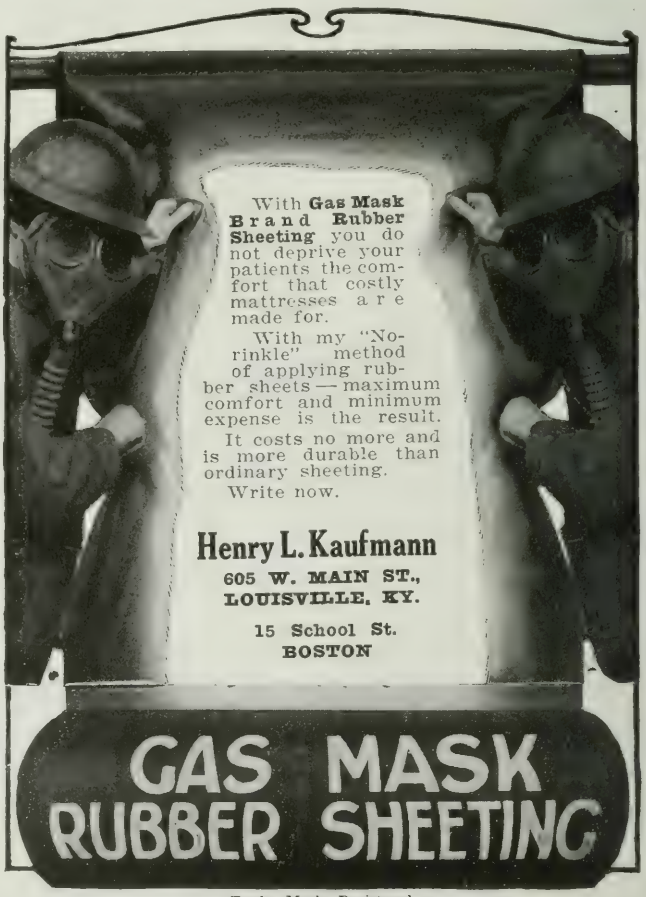
B. LOWENFELS & CO. INC. LINENS-CURTAINS


With Gas Mask Brand Rubber Sheeting you do not deprive your patients the comfort that costly mattresses are made for.
With my "No-rinkle" method of applying rubber sheets — maximum comfort and minimum expense is the result.
It costs no more and is more durable than ordinary sheeting.
Write now.
Henry L. Kaufmann
605 W. MAIN ST., LOUISVILLE, KY.
15 School St. BOSTON
GAS MASK RUBBER SHEETING

Trade Mark Registered.

Consult the 1920 Year Book for Catalog information.

MOBO SOAP

the one soap for all Hospital Purposes

No more ordering separate brands of soaps for use in the sanitary upkeep of your institution—alkali-free soaps for cleaning floors, woodwork, walls, beds, chairs—antiseptic soaps for cleansing nurses' and physicians' hands; sterilizing surgical instruments—auto soaps for cleaning ambulances.

After a great many years of laboratory experiments we have at last manufactured a soap which eliminates this complicated ordering procedure. We call it

MOBO SOAP

a neutral-oil soap, containing antiseptic qualities and no free alkali.

Mobo Soap will clean floors, walls, beds, chairs and ambulances, just as effectively as it will sterilize surgical instruments. It matters not what you wash or how often you wash it, Mobo Soap will not harm the surface of the object in any way.

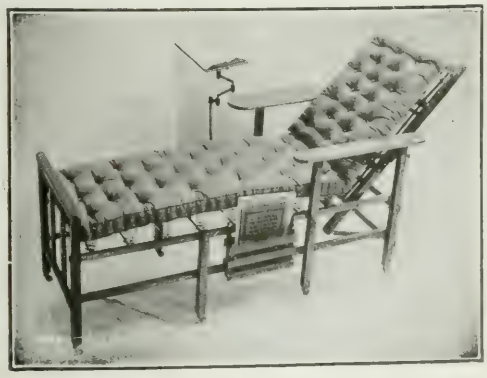
When sending in your order for hospital supplies, do not overlook MOBO SOAP.

John T. Stanley Co., Inc.

Quality Soap Makers for Over a Half a Century

West 30th Street and North River, New York City

HERE'S COMFORT FOR CONVALESCENTS



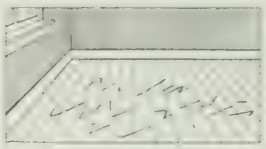
The "RONDACK" Recliner

IS THE IDEAL REST CHAIR FOR YOUR PORCH OR SOLARIUM

Illustrated catalog and price list mailed on request.

Geo. L. Starks & Co.
33 Broadway
Saranac Lake, N. Y.

You Won't Mar Your Floors



If you specify

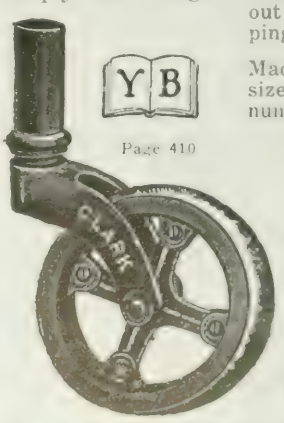
CLARK'S HOSPITAL CASTERS

on your rolling equipment.

Detachable Rubber Tires

Make them invaluable and an economic investment.

They are silent, easy-running, perfect in swivel adjustment and the tires can be replaced in a jiffy by simply unscrewing the metal wheel flanges, lifting out the worn tire and slipping on the new.



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Made in all wheel and caster sizes. Finished in Aluminum, Bronze and Black Japan.

Write for Complete Catalog

Illustrating and describing our Line of Casters, Laundry Trucks, Baskets, etc.

The George P. Clark Co.
Windsor Locks, Conn.

se Your Porches

ake Them Outdoor Rooms

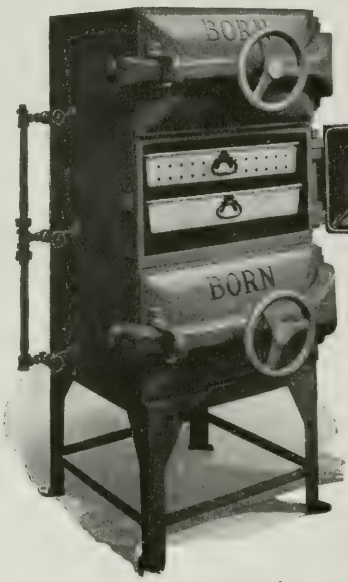
ert your hospital rooms into fresh air convalescent wards Aerolux Ventilating Porch Shades.
provide entire privacy while admitting the fresh air that necessary. The glare and intense heat of direct sun is mellowed to a pleasing diffused light.
ux shades are handsome, durable, economical. They save noney by eliminating the need for expensive awnings.

Write for literature.

THE AEROSHADE COMPANY
Oakland Ave. Waukesha, Wis.

AEROLUX
NO-WHIP REG. U.S. PAT. OFF.
VENTILATING
PORCH SHADES

BORN'S



Compartment Steam Cooker
(New Pattern)

A time saver and a fuel saver. Takes but little space, cooks thoroughly and quickly, and is adaptable to a large variety of uses.

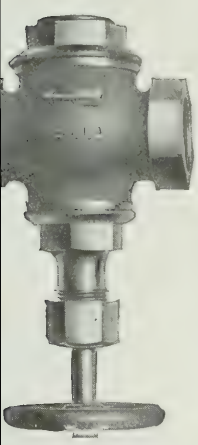
The new door construction overcomes all difficulty with hinges, leaking of steam, replacing gaskets, etc.

One of these cookers is needed in every institution kitchen. Four sizes and a dozen combinations—meeting large or small requirements.

Hundreds in use. Sold by leading supply houses. Write for catalog.

The Born Steel Range Company
Manufacturers of Complete Cooking Outfits
Also Cafeteria Equipment
Cleveland, Ohio

Selclo Valves



The "Selclo" is designed to be a "hard usage" valve.

It is ideal for installations where many people, often careless or hurried, have occasion to operate the valve.

Turning the handwheel to the *left*, the spindle will push the disc holder off the seat and open the valve. A turn to the *right*, releases the spindle from the disc-holder and a spring forces the disc holder to the seat with a steady, even pressure. The pressure holds the valve closed. Made of brass in sizes ⅜ to 2 inches.

w Genuine Jenkins ves by the name and kins "Diamond Mark" supply houses everyre.

JENKINS BROS.

New York	San Francisco	London
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Jenkins Valves
SINCE 1864

PPCo In Stock

At All Times For Immediate Delivery

GUARANTEED

2000 SHEET, HARD WOUND
TOILET PAPER
ALSO FIXTURES

PREMIER PAPER CO.

260 WEST BROADWAY
NEW YORK CITY
Phone Canal 1138

WE SPECIALIZE IN PAPER PRODUCTS FOR INSTITUTIONS —PAPER TOWELS, NAPKINS, PAPER HANDKERCHIEFS, BAGS AND SACKS.

Consult the 1920 Year Book for Catalog information.

FOOD!!

Cooked with the least delay and in the best condition

Whether boiling an egg or a 30-gallon stock kettle the top construction of VULCAN Gas Ranges enables the cook to accomplish his purpose most economically and satisfactorily.

The four-ring French top, an exclusive VULCAN feature, is rapidly winning a reputation for economy, flexibility, dependability and durability in such noted hotels as the McAlpin, Annex, Plaza, Bellevue-Stratford, Copley-Plaza, and many others.

It will assist you, too, in reducing kitchen costs, free you from many kitchen annoyances and give your cooking crew unexcelled cooking facilities.

Sold by your Gas Company and Equipment Dealer.

Insist on VULCAN Gas Ranges

VULCAN Gas Equipment for Main and Diet Kitchens

Gas Ranges	Broilers	Toasters
Griddles	Ovens	Bakers' Stoves

Miscellaneous Equipment

Write for Catalog

W. M. CRANE COMPANY

16-20 W. 32nd St. **New York, N. Y.**

Pacific Coast Distributer: Northwest Gas & Electric Equipment Co., Portland, Ore.

Features of VULCAN Construction

Four-ring top burner—Each ring controlled by separate cock. Inner ring burning only 11 cubic feet of gas per hour will do a great deal of your work.

Burner surrounded by fire bricks—Bricks absorb a tremendous amount of heat which is radiated against top. When thoroughly heated two rings, consuming 40 cubic feet an hour, will maintain practical cooking temperature.

Top burner does double work—Heats top and oven as well.

Low upkeep naturally follows the heavy material and splendid workmanship.

VULCAN GAS RANGES and Equipment

othing Succeeds Like Success.

e are specialists in Kitchen and ning Room equipment for Hotels, staurants, Clubs, Hospitals, Cafe- ias, and Industrial Plants. Our ex- rts are ready to submit plans and ggestions that will save you money.

Our moderate prices.
Our large stock.
Our efficient service.

ve won for us an envious success.

Write for the Catalog of Our Complete Line

YB
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Ford Hotel Supply Co.
SAINT LOUIS

FORD

Permanency

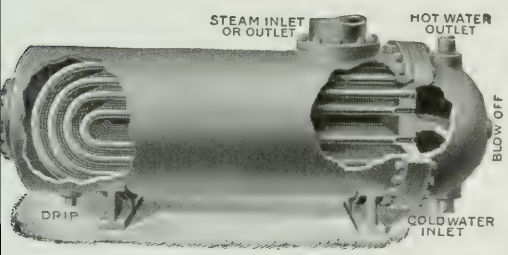
Those interested in the erection and operation of hospitals and institutions no longer consider the *price* of equipment with as much regard as its *permanency.*

TERRELL'S STEEL EQUIPMENT
combines durability with high quality, practicability, artistic appearance, and comparatively low price.

Terrell's Steel Wardrobes and Cupboards
offer the most satisfactory means of storing and protecting garments, records and similar articles. Finished in baked enamel—black, olive green, or light gray; also grained mahogany and oak.

Write for descriptive folder and prices.

TERRELL'S EQUIPMENT CO.
GRAND RAPIDS, MICH.



HE REAL REASON

u buy a water-heating system is what will do for you—the **Results** it will nder for you—for, after all, Results unt.

is is the real reason the principal spitals all use the

PATTERSON SYSTEM OF WATER HEATING

renders right results, or unfailing onomical **HOT WATER** anywhere, y time, any amount.

he Patterson and Kelley Co.
Cortlandt St. New York

TRADE MARK

The Mark of Superiority

For over Fifty Years this mark has stood for

QUALITY and SERVICE

in the manufacturing and designing of Kitchen, Bakery and Serving Apparatus for Hospitals and Sanitoria.

YB
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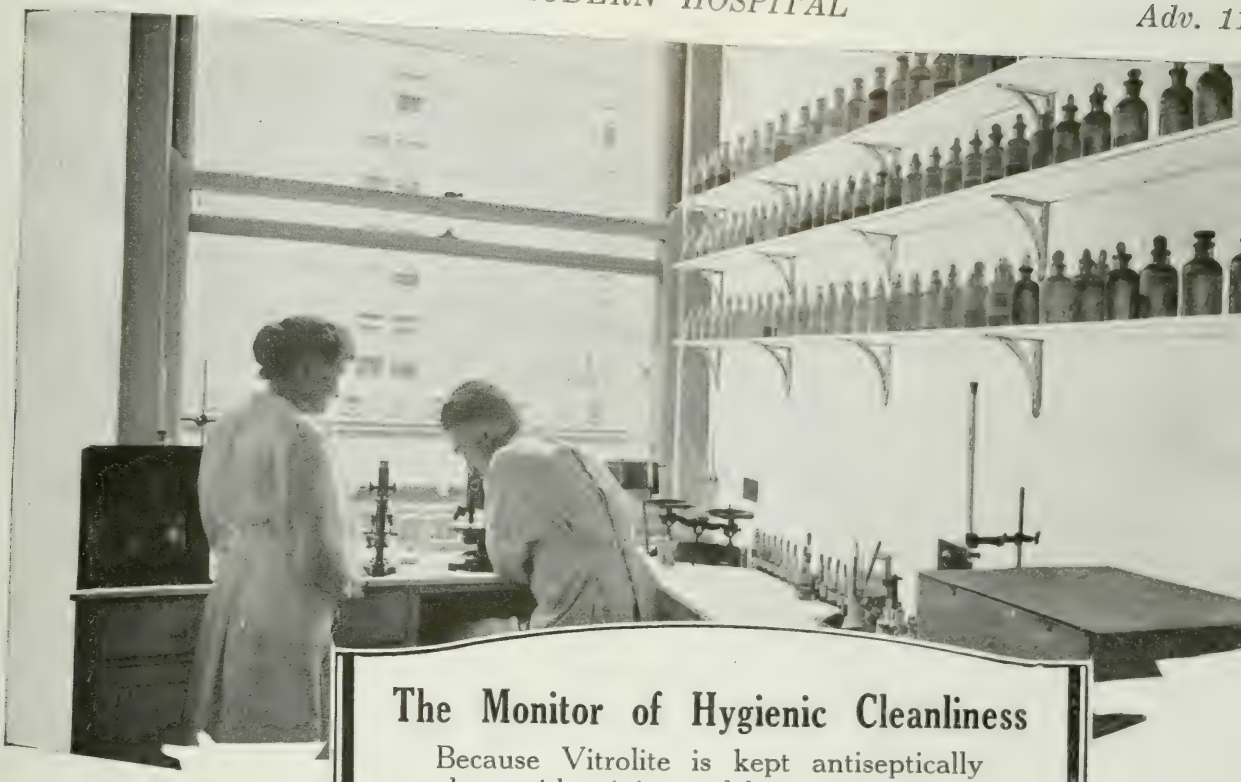
MORANDI-PROCTOR CO.
86 Washington St. Boston, Mass.



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Chicago
Vitrolite walls, table tops and shelves.

YB
Page 822

The Monitor of Hygienic Cleanliness

Because Vitrolite is kept antiseptically clean with minimum labor it is acknowledged superior for wainscoting, wall facing, table tops, shelving and toilet partitions in hospitals, laboratories, sanitariums and homes.

Its lustrous, snowy-white surface is not absorbent and cannot be stained—acids and alkalis do not effect it. Wears longer than marble—repairs or replacements need not be reckoned with.

Supplied in slabs of different thicknesses and in sizes up to fifty inches wide by ten feet long.

Our experience and knowledge are at your command without obligation. Ask for full information.

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The wise doctor knows that appe-
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Hall's China with its rich colors is
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Hall's Fireproof China is made in
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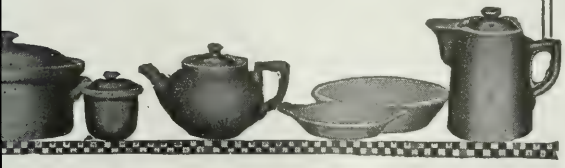

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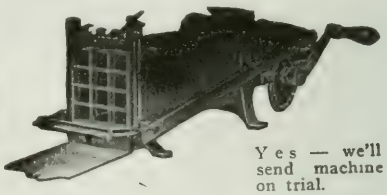
A Good Low Priced Butter Cutting Machine

HERE'S a machine that costs less than one-half the price of other prominent butter cutting machines and will cut butter as neatly and as uniformly and at a much faster rate.
This machine cuts tub butter as successfully as it does print butter. Various size dies can be obtained, giving from 26 to 90 patties to the pound. Cuts from 12 to 30 patties at one turn of the handle.
Easily operated. Lasts many, many years. All parts non-corrosive. Does not discolor the butter. Quickly and thoroughly cleaned.
Fine machine for hospital use. Danvers State Hospital, Danvers, Mass., writes: "We have two Automatic Individual Butter Cutters in operation by our patients. Where large amounts of butter are used, would say that the cutter is invaluable."



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Summary Card (1)	Newborn Record (9)
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We also supply Binders for temporary use, and Filing Cases for permanent record.

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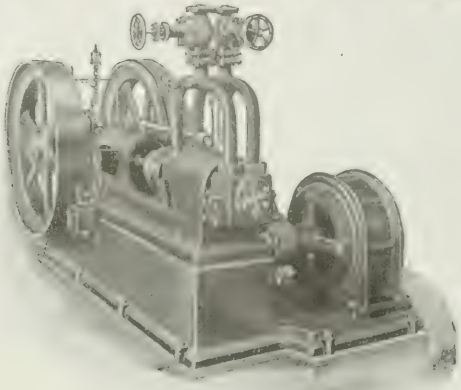
SAFE SANITARY ECONOMICAL



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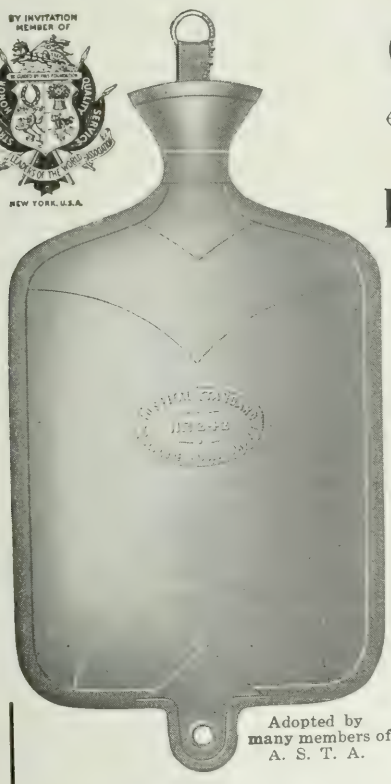

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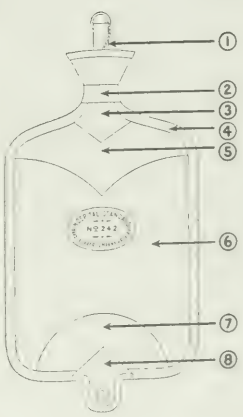

1. Unloseable Stopper
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3. Triple Stay Reinforcements
4. Triple Binder
5. Double Yoke Reinforcements
6. Heavy Gauge Stock, Soft Velvet Finish, Capacity Full 2 Quarts
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HOSPITAL Standard No. 242 Hot Water Bottle

Eight Reasons why it is the most substantially perfect for hospital use

HERE is a hot water bottle made in answer to the demand for strength—for a bottle that would stand up and give service under the necessarily hard usage of hospitals. The purest para rubber goes into it—it has quadruple reinforcements wherever the wear comes hardest (note diagram) and because it has this strength which guarantees service, has been adopted by many members of the American Surgical Trade Association.

All Hospital Supply Houses can supply you

Davol Rubber Company

Established 1874

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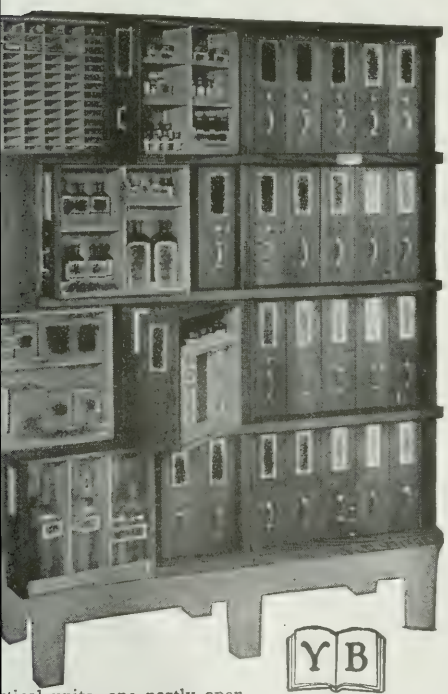

tical units, one partly open, sed. With sanitary base.

YB Page 747

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Ivory Soap Chips

The Ivory Soap you know so well, with all of its mildness, purity, and efficiency — prepared in a more convenient form for hospital work. The fine, flaky chips make it quick and thorough in all kinds of work. Ivory will not injure anything—perfect for aseptic cleansing and all-round work. Sold in 150-pound barrels.

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A soap prepared especially for power laundering. It is 88% soap of the highest quality. Only high grade tallow is used in making Amber Soap Flakes. And it contains absolutely no free alkali. Strictly neutral—always reliable. It leaves a clean "smell" to linens. Sold in 175-pound barrels.

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We will send samples for you to analyze in your laboratory. You'll find every claim true. You'll realize the superiority of these soaps.

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The Insidiousness of Low Grade Sleep

The chief danger of sleep irregularities lies in the subtlety of their action upon the individual.

Even the least informed layman will agree that harm of some sort and in some measure is the natural consequence of sleep postponements or disturbances. Yet the average human, experiencing only drowsiness or at most very slight discomfort after a comparatively short period of sleep disturbance, does not quickly perceive that these effects will most certainly be cumulative if the causes are permitted to continue.

Indeed, poor quality sleep is so insidious as often to break down the human machine without ever exposing itself as the destroying agent. The individual may lead himself to believe that he has experienced a sufficiency of rest because of the hours he has spent in sleep, whereas he has, unconsciously or subconsciously, merely experienced a series of distractions that prevent and destroy all the purposes of real rest.

Most assuredly, the thing to do is to take prompt action to overcome sleep deficiencies in their incipiency, for the sum total of such aggravations cannot, under any circumstances, be favorable to the individual or the community.

The Sealy Mattress, because of its physiologically correct construction and excellent materials, provides "balanced" support and that relaxful quality of sleep so indispensable to nightly recuperation and daily vigor.

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These distinctive, charming floor coverings are in such great demand everywhere simply because they are able to stand up under the most exacting conditions and still retain their original beauty.

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GUARANTEED ALL LINEN

possess in manifold measure all the true economy of long wear for which linen is famous. They are made of pure linen alone, many strands compactly woven into a floor covering of regulation weight and thickness. They are reversible, moth-proof, sanitary and flat-lying.

The range of their fifteen restful one-tone colors—Rose, Dark Rose, Blues, Greens, Greys, Taupe, Tete-de-Negre, Chestnut, Tan, Sand, Mole and Black—gives them an adaptability to any sort of decorative scheme.

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KEEP DOWN THE UPKEEP COST

For quality, service and price there is no substitute for Velvet Finish Rubber Sheeting. Its quality is beyond comparison, its service is unquestionable, and its price is never that but what is favorable.

It will pay you to investigate this supreme Rubber Sheeting, and know from your own experience why so many hospitals have chosen Velvet Finish Rubber Sheeting as their preference.

Rubber Sheeting VELVET FINISH

Double Coated—White or Maroon

34 inches $1.55
45 inches 1.90
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Adopted as standard by State Institutions.
Rolls, 25 and 50 yards.

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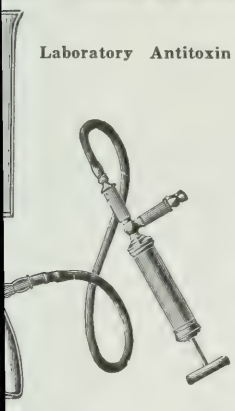
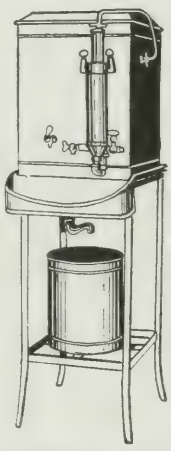
Laboratory Antitoxin Work



Bottle Coolers, full line.



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In our showroom you will find every successful device for filtering and cooling, from the small faucet filter to the large apparatus for filtering entire water supply of buildings.

Visit this showroom when in New York, or write for our catalogue.

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Hospital superintendents and all others interested in textiles for hospital use are invited to avail themselves of our *Complete Service, which includes*

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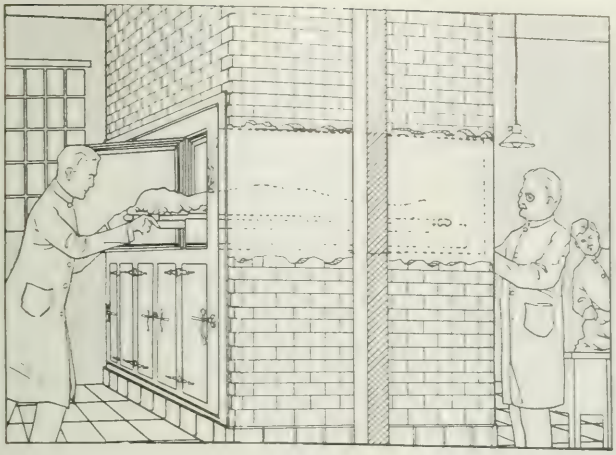


The DeCanio Mortuary Support Operates from Either End

THE improved DeCanio Mortuary Support can be made to operate from either end, as is clearly shown in illustration above. This is just one of the many advantages of the DeCanio.

When the Mortuary Refrigerator is installed between the Receiving Room and the Post Mortem Laboratory, the subject may be placed in the refrigerator on one side, and when required, withdrawn from the Post Mortem Room on the other. Thus considerable time and trouble is saved in conveying the cadaver from one room to the other.

The DeCanio Mortuary Support consists of three parts:

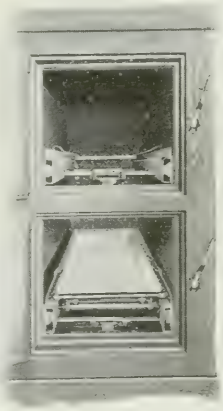
Stationary Frame riveted to the interior of refrigerator.

Movable Carriage on frictionless wheel rollers.

Removable white enameled tray, reinforced for use as a stretcher.

The DeCanio is made entirely of iron—heavily galvanized after assembling. Cannot warp, stick or bind in operation.

The DeCanio Support can be installed in any type of Mortuary Refrigerator.



Close-up view of DeCanio Mortuary Support installed in refrigerator. Enameled tray removed from top section.

Instructive illustrated booklet on "Mortuary Refrigeration" mailed on request

Lorillard Refrigerator Co.
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Have Several DRINKING FOUNTAINS on Every Floor

In a hospital, of all places, are gathered people in varying degrees of health. Here it becomes vitally important to have many clean, pure drinking fountains on every floor.

Watrous Drinking Fountains are strong, durable and inexpensive.

They are doing their duty in hospitals from coast to coast, along with other scientific Watrous fixtures, such as Duojet Closets, Urinals and Soap Fixtures. Let us send you our free, illustrated catalog.

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ıstant Temperature Electric Ovens, Incubators, Water Baths etc.

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The value of this reliable Freas Water Bath in the experimental laboratory is universally recognized.

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Meets the needs of the particular chemist, scientist or manufacturer.

For Sale by All Dealers in Dependable Laboratory Apparatus

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Dioxogen

Why is a supply of Dioxogen found in the emergency outfits or surgical kits of so many physicians?

Because Dioxogen has proven itself the safest, most convenient and most potent antiseptic for all 'round use.

Because Dioxogen can be counted on to do all that bichloride or carbolic solutions can—without their toxicity or danger.

Because Dioxogen is odorless, colorless and does not stain the skin or clothing.

Because Dioxogen, owing its activity to pure oxygen, not only promptly destroys germ life, but rapidly promotes tissue healing and repair.

In brief, Dioxogen is to many a physician the antiseptic agent they prefer to all others, because they have learned from experience it combines germicidal efficiency with freedom from tissue injury. Like sunshine and pure air it destroys invading germs and gives strength and vitality to bodily tissues.

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It is very simple, and handy to operate, and we can therefore cheerfully recommend it.

Yours very respectfully,

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There is a TUEC Cleaner exactly suited to the requirements of your building or buildings—

Write us for full information. Ask for our Special Hospital Bulletin.

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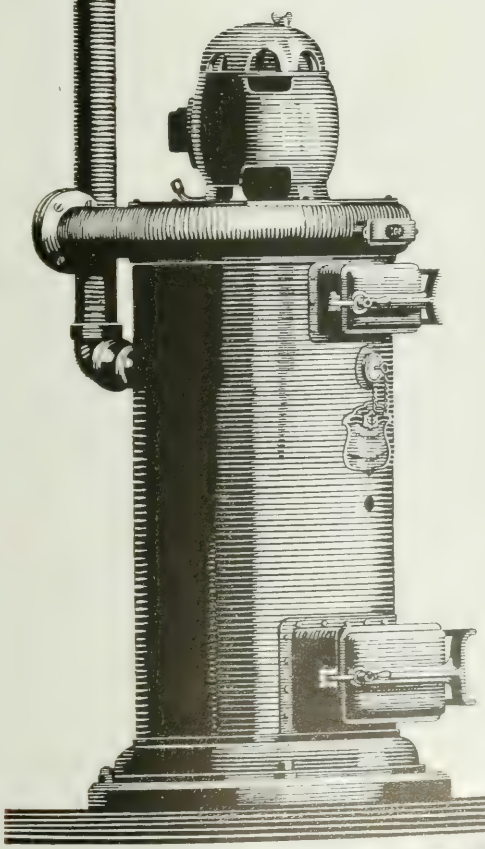

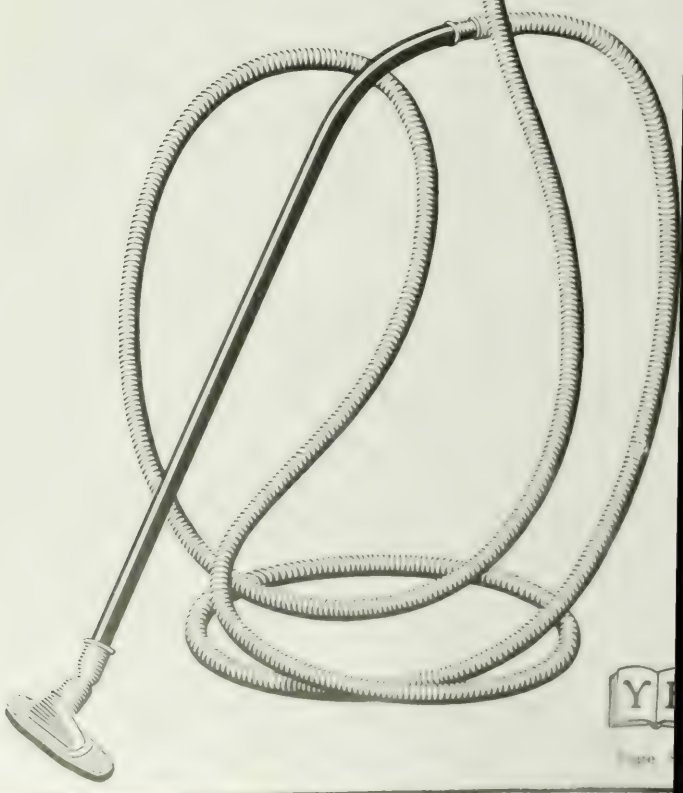

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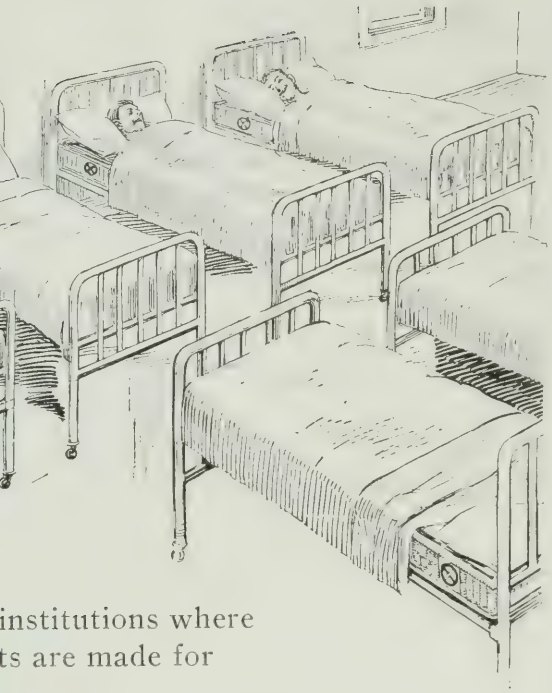

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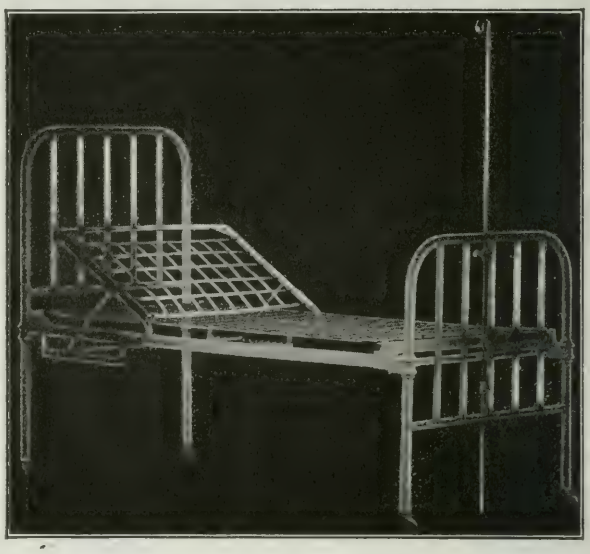

HOSPITAL BEDS

Made from Cold Rolled Steel

EXTRA SMOOTH CONSTRUCTION

The illustration shows one of our latest patterns, fitted with adjustable back rest, irrigation standard and inside fracture bar.

Send for Catalogue and Prices

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Send for our catalogue. There are many styles from which to make a selection.

The Inner Braced Furniture Co.

Elkhart, Indiana

There's a Double Guarantee — back of all —

IRON HORSE METALWARE

"As Strong As The Name Implies"

YB
Page 722

The guarantee of the Rochester Can Company, manufacturers of Iron Horse Metalware, and also the guarantee of your jobber who supplies you.

An Iron Horse Metalware sale is never complete until the purchaser is thoroughly satisfied.

And it is upon this broad guaged business principle that Iron Horse Metalware has forged ahead with tremendous strides until today it is nationally recognized as the "Gold Standard" of metalware value.

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A copy of our complete catalogue will be mailed you gladly on request.

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for hospitals should be neat appearing, non-conductors of sound—and fireproof. They should swing free and easy without sticking or rubbing.

Dahlstrom Entrance Doors are made of metal. They cannot warp, swell or crack. They are hollow and sound resisting. They swing free and easy without scraping. Dahlstrom entrance doors are fireproof. They will stand the most severe fire tests, in actual use as well as Underwriters' Tests. They will not give way at the critical moment.

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Finished in natural colors or grained to perfectly match any wood finish by our baked-on enamel process. The finish is literally baked into the metal leaving a finish that hard knocks and climatic conditions do not effect.

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UMB WAITERS
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If you are ready to pull out the unsatisfactory dumb waiters in your hospital—it is time to investigate the Sedgwick.

We have taken out hundreds of unsatisfactory dumb waiters and put in satisfactory Sedgwick outfits.

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Specialists for twenty-five years
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Physical Conditioning

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A woman can often inspire her sex *to be* and *to do* and ***hold her to this inspiration*** by regular correspondence as men cannot.

Every pupil's requirements are studied individually, and each is directed according to her needs and her strength.

This cooperative work with the medical profession is giving results highly gratifying to both physicians and patients.

I shall be glad to assist you with patients who need conditioning through exercise, diet, breathing, correct poise, relaxation, reduction of flesh, or building of flesh.

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PROMINENT HOSPITALS

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QUILTED MATTRESS PROTECTORS

The Johns Hopkins of Baltimore, University of Pennsylvania, Jefferson of Philadelphia, Mercy of Pittsburgh, St. Luke's of New York, and Mayo Brothers of Rochester are among the many that have realized the wisdom of protecting their costly mattresses.

A hospital mattress receives the hardest kind of wear and misuse. However, it will remain clean and sweet if shielded by a Quilted Protector. The mattress so protected becomes more comfortable to the patient.

Excelsior Quilted Protectors are made of bleached muslin on both sides, quilted with pure white cotton batting.

These Protectors can be frequently washed without losing their fluffy texture and pure whiteness. Made in sizes to fit all mattresses.

We will gladly estimate on supplying your hospital with these protectors.

Write us, stating number of beds, and we will furnish an estimate.

MATTRESS PROTECTOR REG. U.S. PAT. OFF. EXCELSIOR TRADE MARK WASHABLE

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A Water-Proof Hospital Enamel

Using hot or cold water and a little neutral soap, you can wash your hospital laboratory walls as often as desired if they are painted with "R. I. W." Hospital and Laboratory Enamel.

But it isn't only the sanitary feature that makes "R. I. W." Hospital and Laboratory Enamel desirable. Its light producing value, its resistance to gases and fumes of sulphuretted hydrogen, and chemicals, are other factors that make it the best enamel for hospital and laboratory use.

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is not an ordinary enamel but a scientific composition, developed after years of experiment and research, then thoroughly tested before being placed on the market. As a sanitary coating for hospitals, milk stations, laboratories, etc., it is giving satisfaction all over the world.

Let us send you our descriptive literature. Write department 98

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Technical and Scientific Paint Makers since 1848.
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WOOD NEED NOT ROT!
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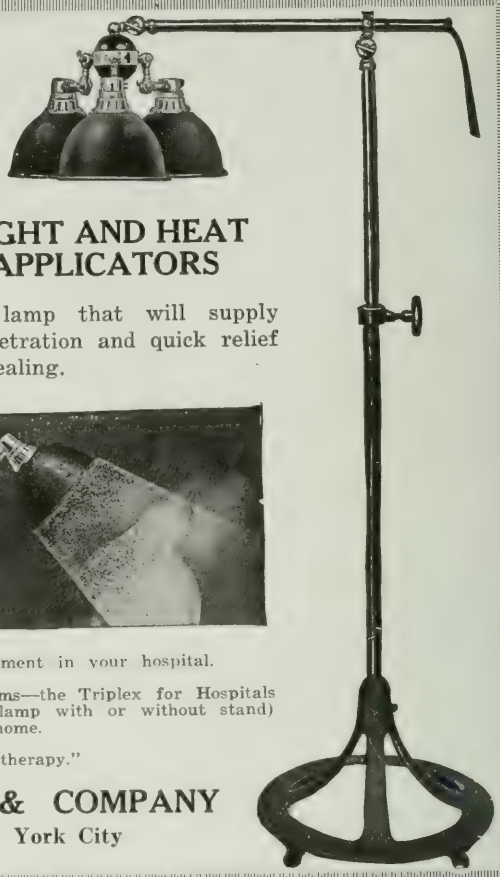
very Hospital Should be Equipped with

THERMOLITE



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ThermoLite is a scientifically designed therapeutic lamp—a lamp that will supply nt light and heat in parallel rays, and thus insure deep penetration and quick relief pain. This treatment reduces inflammation and promotes healing.

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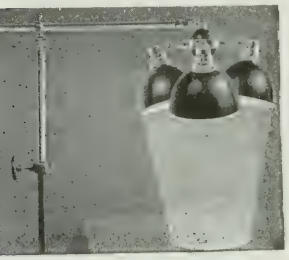
any other conditions encountered daily in the hospital, both in sident and out-patient service.

is no other mechanical equipment that will bring so much com- o your patients through relief from pain, and so much sat- isfaction to medical staff by speeding recovery to the cases to which this treat- ment is applied. It will pay you to make investigation at once as to the value of this equipment in your hospital.



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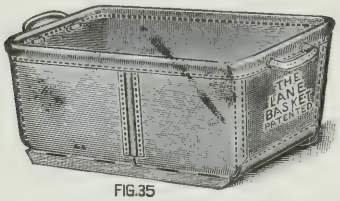

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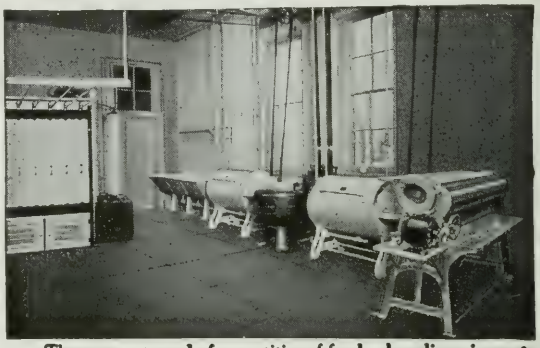

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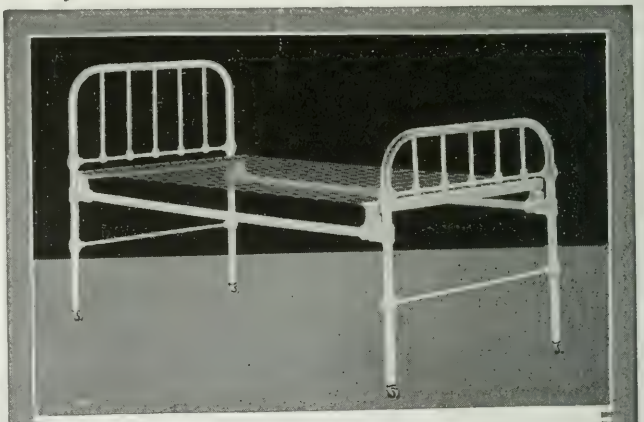

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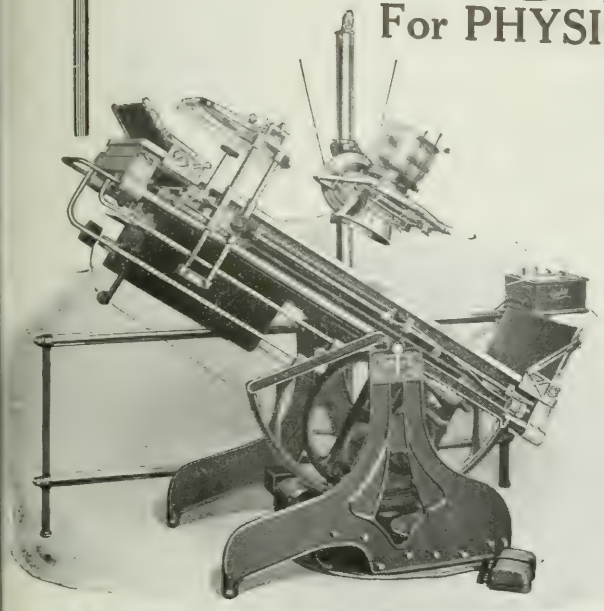

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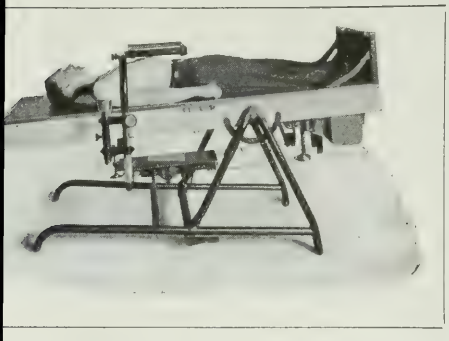

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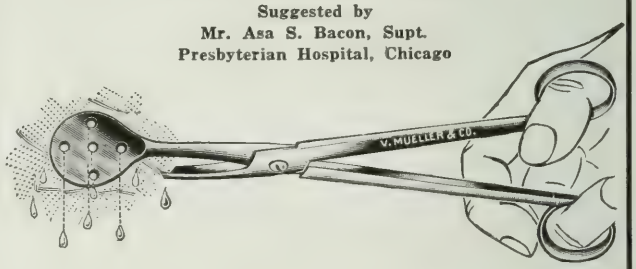
Forceps for Squeezing Alcohol Sponges

Suggested by
Mr. Asa S. Bacon, Supt.
Presbyterian Hospital, Chicago



The forceps illustrated here was made by us during the war in accordance with directions received from Mr. Bacon. It is intended for the purpose of handling and squeezing alcohol sponges in the bottle instead of squeezing them in the hand and wasting a lot of alcohol.

The instrument has proven such a great success that now all of the operating and dressing rooms of the Presbyterian Hospital and several other large Institutions have been supplied with these forceps and the use of them has resulted in a great saving of alcohol. The length of the instrument is 9 inches.

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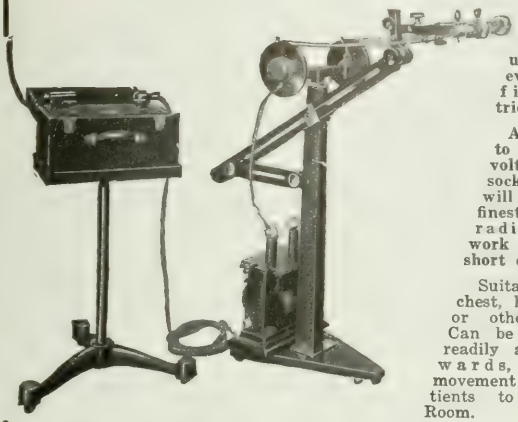

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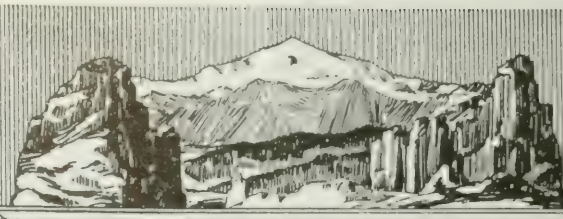

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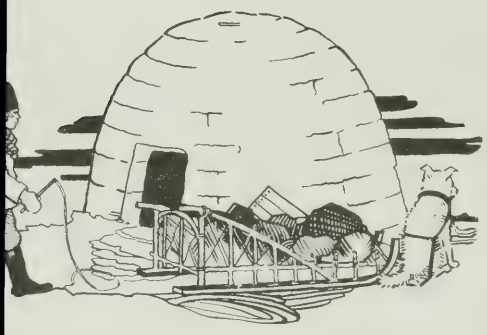

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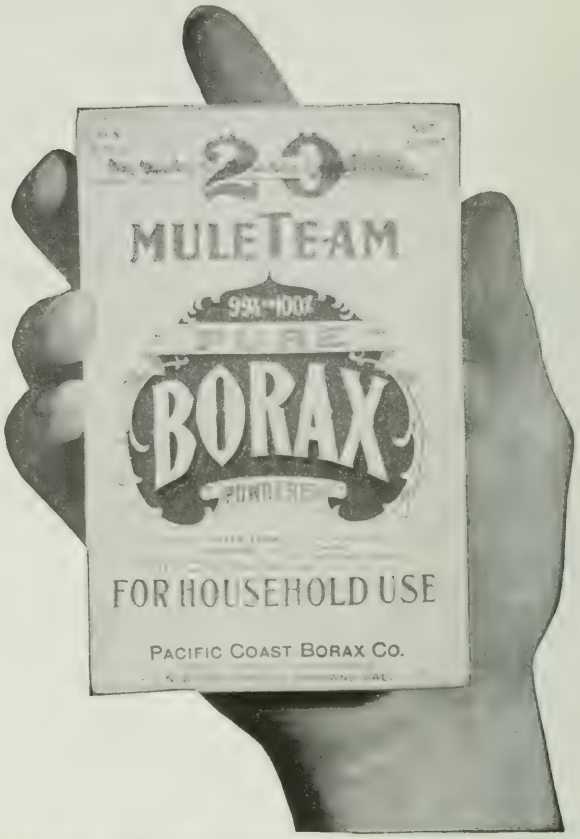

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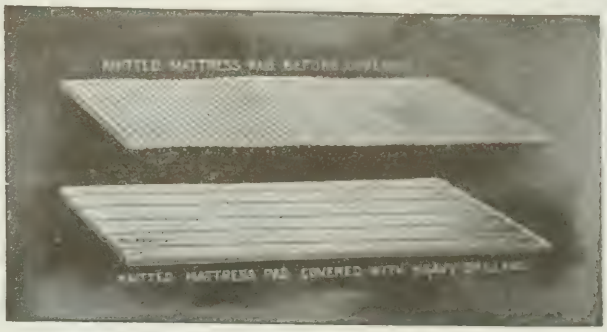

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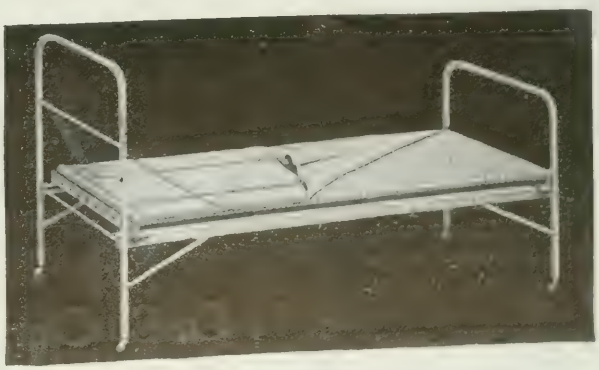

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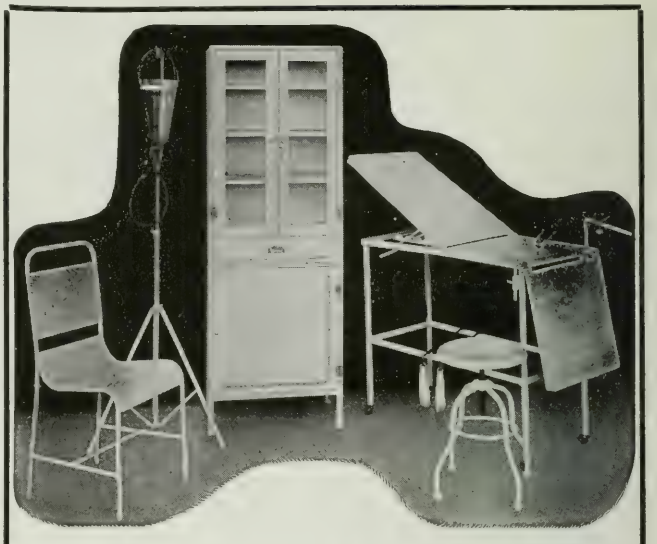

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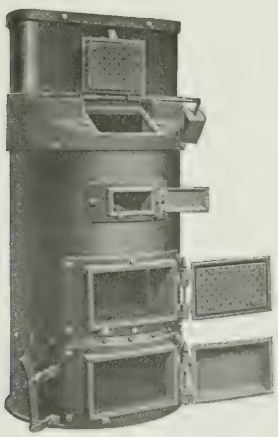

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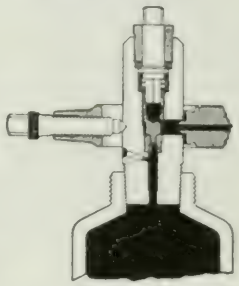

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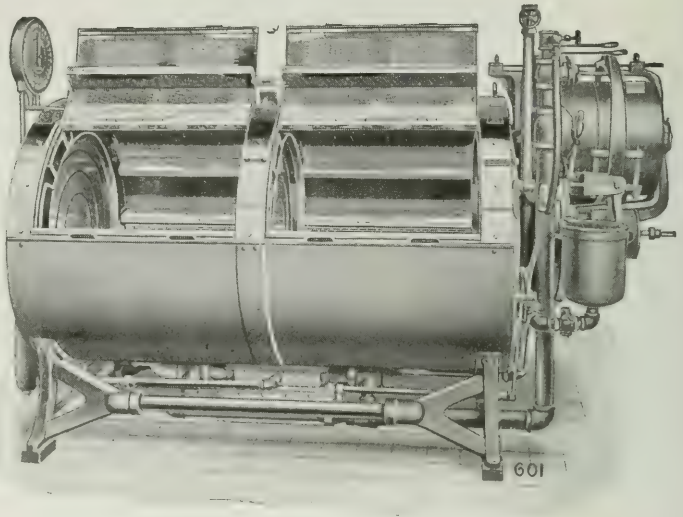

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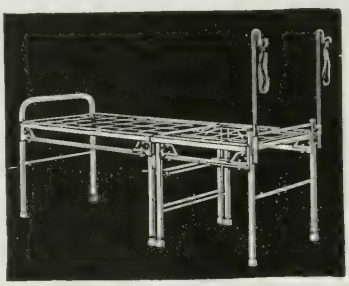
Steel Hospital Furniture

of Distinctive Character and Quality

Originators of Flush Joint Construction for Hospital Equipment, eliminating bulky castings and crevices which collect dust and germs.



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RICHARDSON, WRIGHT & CO.

Manufacturers of

Steel Hospital Furniture and Bedsteads Mattresses and Pillows

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The Best for Hospitals—because

they have a surface practically as indestructible as marble, and yet are silent and resilient under foot. Marbleloid Flooring is laid plastic, presenting a smooth, unbroken surface with no joints or corners. Therefore, it is easy to keep clean and sanitary. Fireproof, waterproof, permanent. May be laid in attractive color designs. Better than wood, cement, or linoleum.

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Let Us Solve Your Flooring Problems.

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boasts of the first mission built in the state.

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and is therefore able to boast of the cleanest dishes, at half the labor and expense formerly incurred.

Can you say the same?

Your hospital has but to tell us the number of patients fed and space available for machine to get our plan and price.

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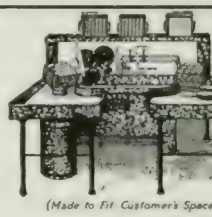

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are especially adapted to the needs of Hospitals, Sanatoriums, and other institutions because the Utica fabric is woven of only selected staple cotton—strong and well suited to frequent laundering and steam sterilization.

Utica Sheets and Pillow Cases are made in all sizes, laundered, put up in dust-proof packages ready for use

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Our "Mohawk" brand is a good sheet, not quite so heavy as "Utica."

UTICA STEAM AND MOHAWK VALLEY COTTON MILLS
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Established 1848. Times change, but "Utica" remains a Standard

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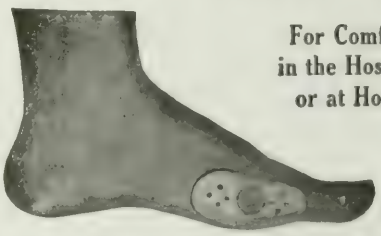
VENTILATED
BUNION PROTECTORS



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A bunion protector that gives real relief from pressure. They are made in two sizes. Men's and Women's, and are worn inside the shoes—thus they keep the shoes in shape and hide large joints. There are no seams to hurt the foot, and they are ventilated so that the skin does not become irritated from heat and moisture.

Seamless Ventilated Bunion Protectors are indispensable in promoting the health and comfort of the patients and institution staff troubled with bunions.

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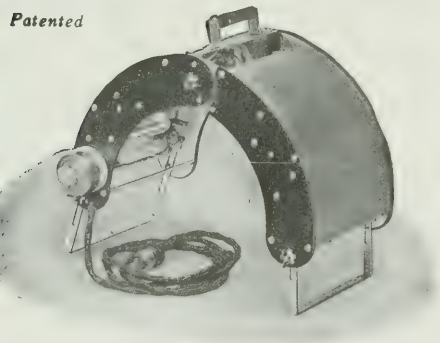

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Paint your walls with Dutch Boy White-Lead and Dutch Boy Flatting Oil. Your patients' eyes and nerves will be rested by the soft, non-gloss finish—washable, sanitary, durable.

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This paint covers evenly and thoroughly, spreads evenly, goes far.

Our Hospital and Institutional Decoration Service is at your command. Write our nearest branch.

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White-Lead and Flatting Oil

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Deane Kitchen Equipment

Throughout the hospital world the name *Deane* on sterilizers is recognized as standard. Similarly wherever there are large kitchens or exacting kitchen requirements, the name *Deane* on kitchen equipment is a guarantee of highest satisfaction.

The Bramhall, Deane Company have been pioneers in designing and building kitchen equipment for well over sixty years. During that time they have outfitted the kitchens of innumerable hotels, hospitals, institutions, ocean liners and all varieties of naval vessels. The line is complete in every detail from French ranges to cutlery, glassware and china.

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Deane Ranges are designed specially to meet the requirements of the institution served and can be heated by coal, wood, electricity, gas, natural gas or gasolene-gas singly or in any combination.

YB Page 363

If we can assist hospital executives or architects to lay out kitchens or sterilizer rooms, our experience of more than six generations is freely at their service.

Send for catalogue of kitchen equipment

BRAMHALL, DEANE CO.

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One [illegible] Kitchen in Kings Park State Hospital, Long Island's Park Lunch Room, equipped by Bramhall, Deane Co.

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Weaves your name in full, initials, or monograms, on a fine cambric tape, woven at same time.

Names and initials can be woven in red, blue, black, navy, green, or yellow on white or black tape.

y identify your linen, woolen and knit-garments. Protect them from loss.

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Any one individual name for:

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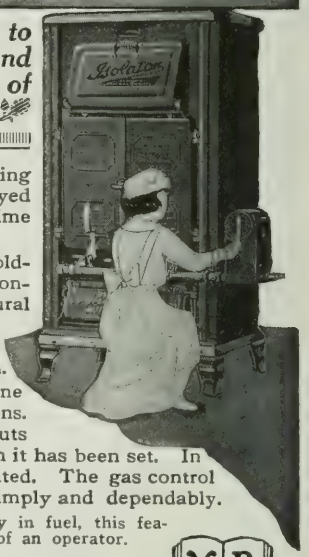
SIMPLE-SANITARY-ECONOMICAL

The ISOLATOR offers to physicians, clinics and hospitals the ideal method of burning waste matter.



Old gauze, sputum cups, swabbing sticks can be effectually destroyed without delay before they have time to propagate germs.

The Isolator replaces all old-fashioned methods of refuse consumption. Operated with natural or artificial gas, it reduces all refuse to a fine, white ash. It is easy to clean and keep clean.

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Besides effecting a great economy in fuel, this feature spares the work and attention of an operator.

The ISOLATOR is fully described in a catalog which is of interest to every physician or hospital board. Send for this catalog and particulars regarding the easy installation of the Isolator.

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Buffalo Co-Operative Stove Company
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The ISOLATOR
HYGIENIC REFUSE CONSUMER

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IENIC FLOORING

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What other dessert as tempting, wholesome, or delicious as ice cream could you prepare? With a Peerless Freezer you can serve healthful and delightful frozen desserts often. Made in the hospital and frozen in a Peerless Freezer, you are absolutely sure of purity.

With fly wheel or crank.

Hand, pulley or motor-driven freezers. Noiseless. Mechanism safely housed. Scientifically designed.

Write for descriptive booklet.

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THE SAFETY ASEPTIC SUB-Q TRADE MARK All-Glass Syringes WITH GROUND SLIP POINTS

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THE NURSE'S SPECIAL, $2.25

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The above outfit consists of a 35 Minim Sub-Q Syringe (graduated also in Cc's), two PARIS (American Luer) Slip Point Needles, R&B Quality, and accessories, all mounted on removable metal rack and contained within a hinged, metal case, covered with beautiful blue "Texol."

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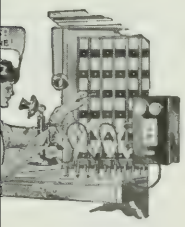

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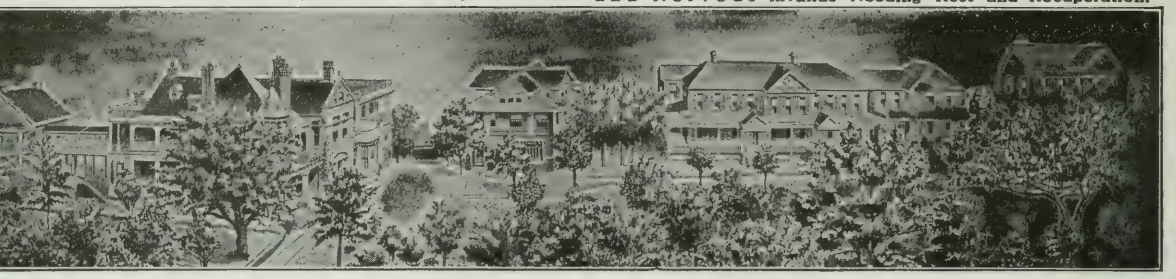

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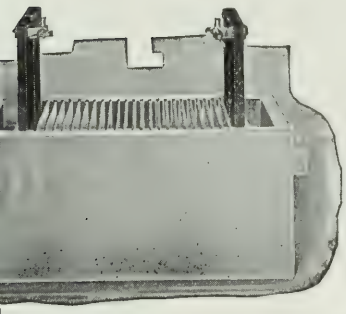

Is most quickly and economically made from salt brine with this electrolytic cell. No gas or chloride of lime to deal with. Exhaustive experimentation as to its practicability was made at the War Demonstration Hospital of the Rockefeller Institute and given high endorsement.

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hich has three
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n and size to
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Superintendents now using the adult size, as illustrated above, will be glad to know that several small models are now perfected, corresponding to a two-month, four-month, one-year and four-year-old baby.

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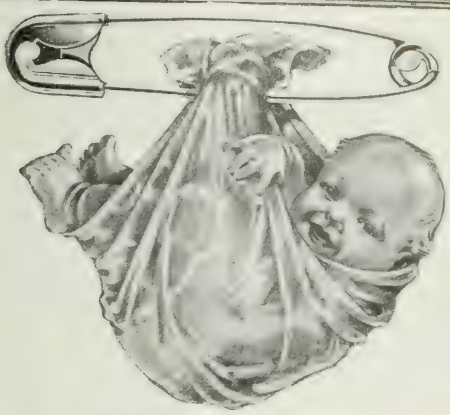

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The double head, and tongue which prevents fabric from catching in head, guarded coil spring, extra stiff and *rustproof wire*, and *sharp, strong bevelled point* make

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where the ice is broken in a Creasey Ice Breaker rather than by hand. This is due to the fact that the pieces are more uniform. The great saving by the Creasey, however, is of the nurses' time and energy. You should have one in each ward. Sent on trial to established hospitals. **Ask for Catalog 909-M.**

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125

Automatic Evercold

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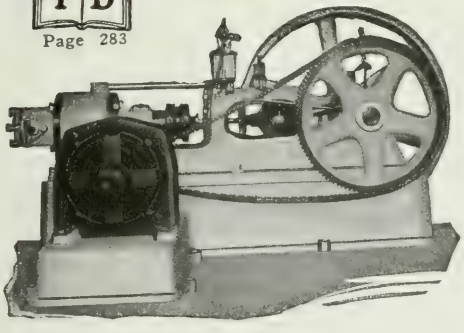

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"AUTOMATIC EVERCOLD" Refrigerating Machinery STARTS ITSELF and STOPS ITSELF. It provides a constant temperature for refrigerators and cooling rooms, makes ice and cools water. Every operation is automatically controlled. No engineer or attendant is required to run this refrigerating machine. Write us for full information about the "AUTOMATIC EVERCOLD." Consult with us about your requirements.

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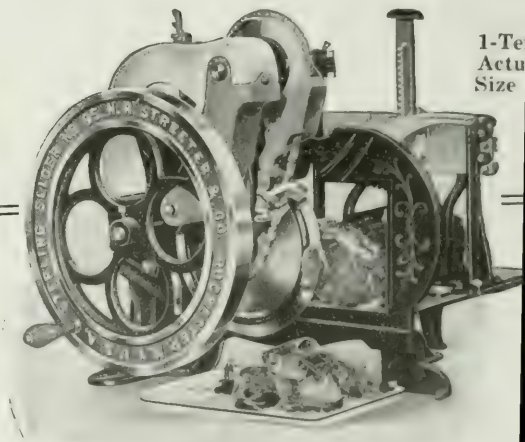

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The U. S. Navy thinks $128.50 enough to pay fo a slicing machine, and buys the No. 95 Sterling Hundreds of institution, restaurant and hote buyers agree with the Navy that this machin is the *most efficient moderate priced slicer* on th market.

Write now for information about the Slicer, and also about Sterling Vegetable Peelers, Potato Mashers, Vegetable Cubers, Fruit and Lard Presses.

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Surgical Wax

Page 775

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When the wax film is laid on a denuded surface the patient is relieved of pain immediately.

Until after the healing process has started, Stanolind Surgical Wax should not remain on the wound longer than twenty-four hours.

Later the wound may be cleansed and redressed every forty-eight hours.

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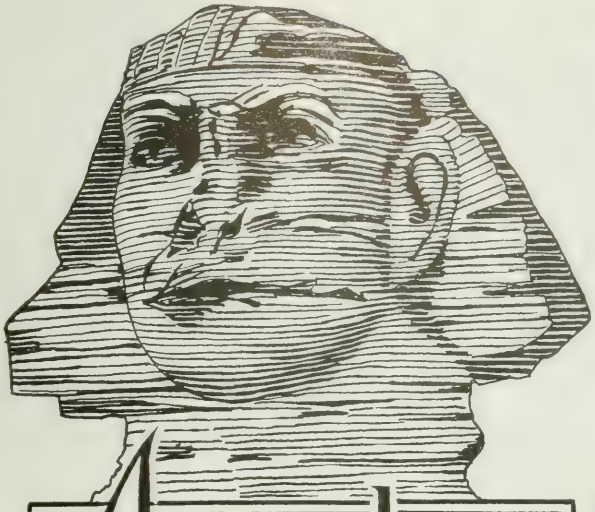

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Silence is golden in the hospital. A noiseless floor is a boon to patients and hospital help.

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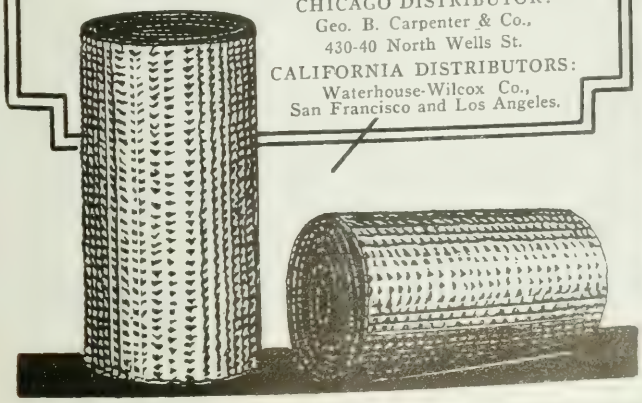

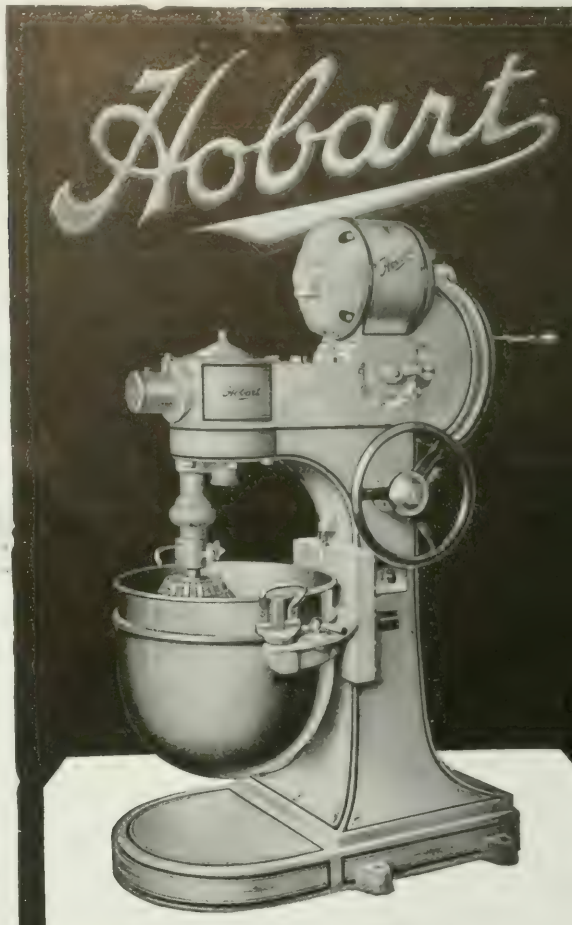

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YB Page 468

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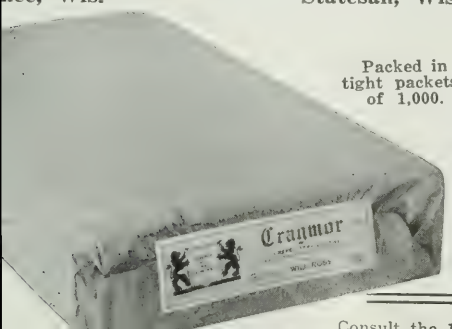

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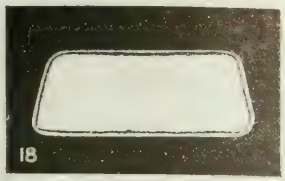

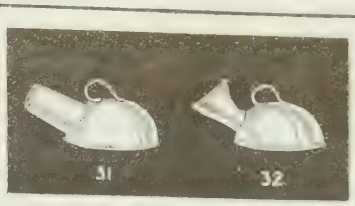

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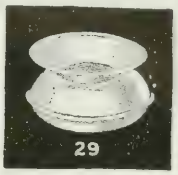

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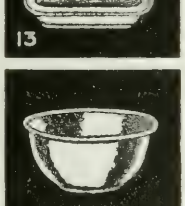

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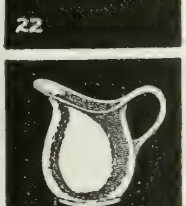

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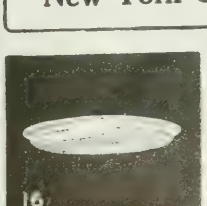
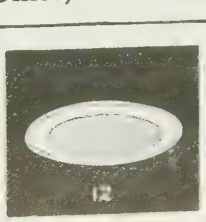
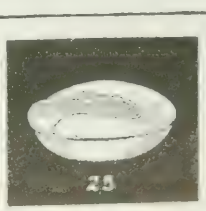
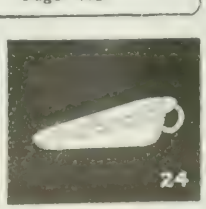
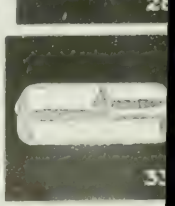

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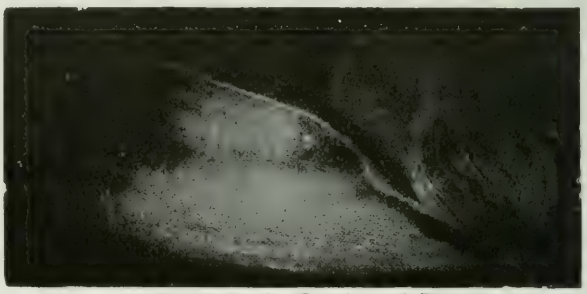

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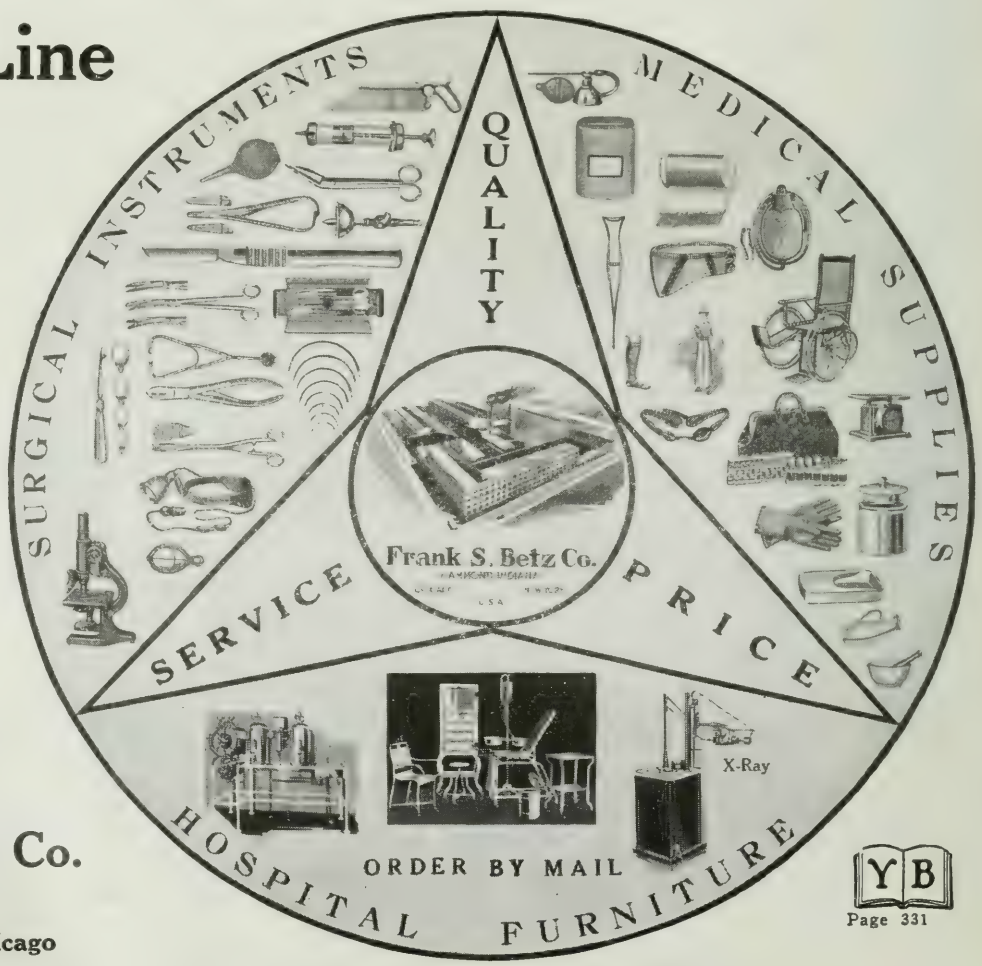

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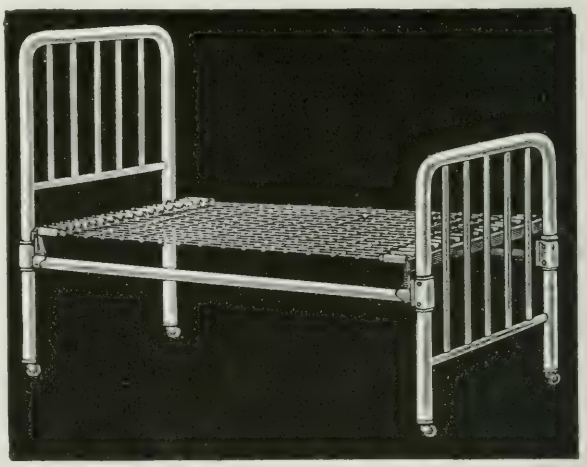

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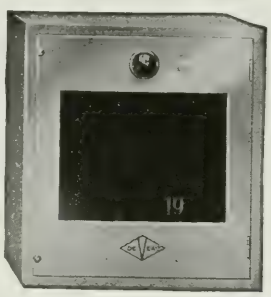

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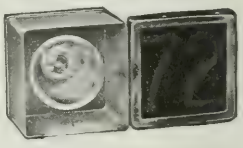

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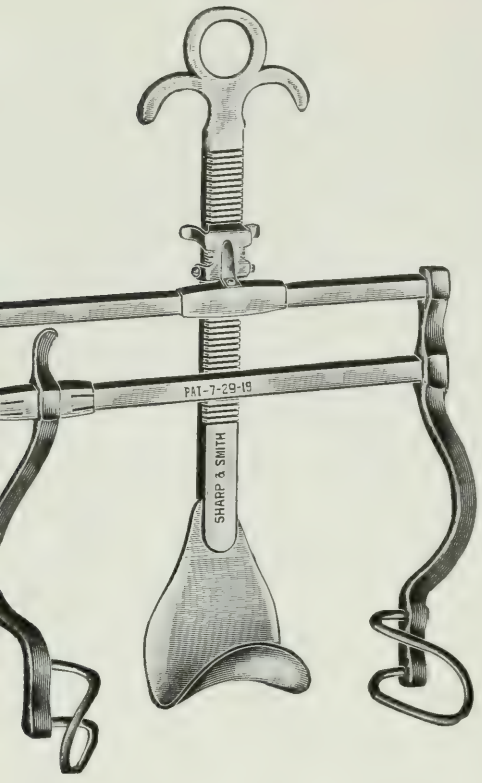

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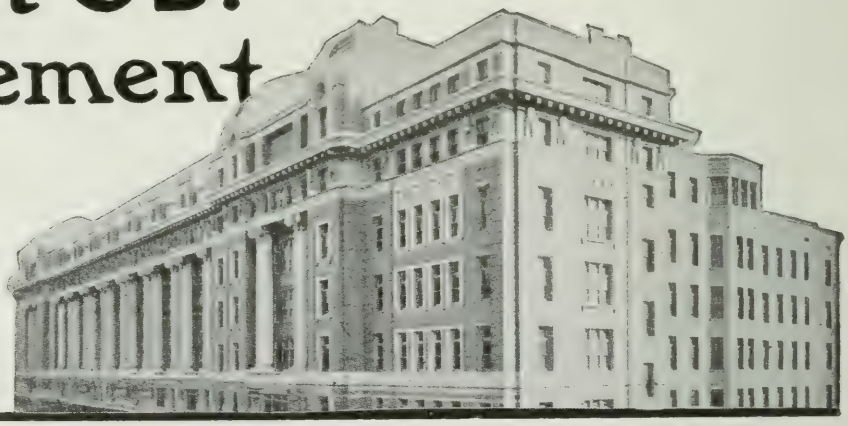

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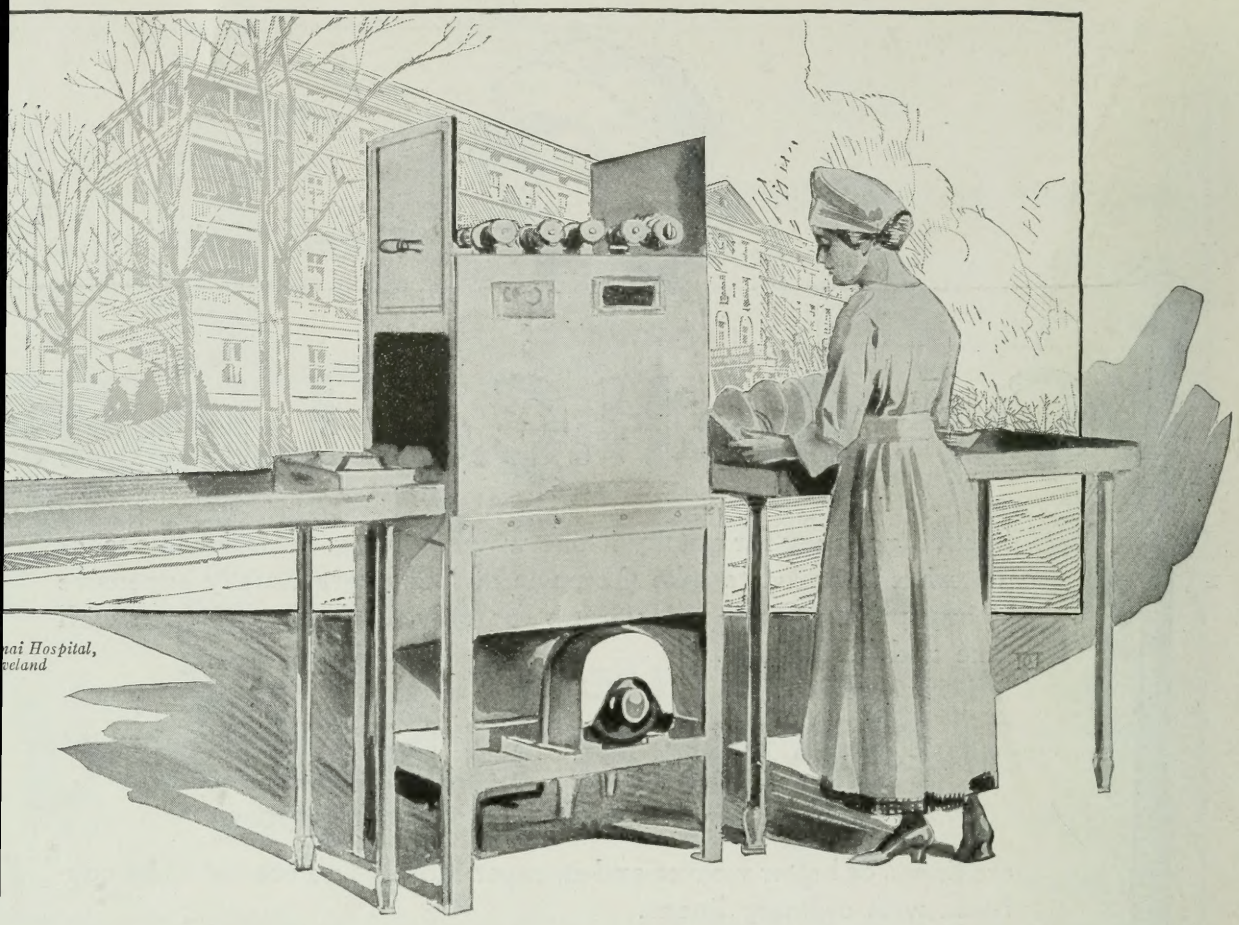

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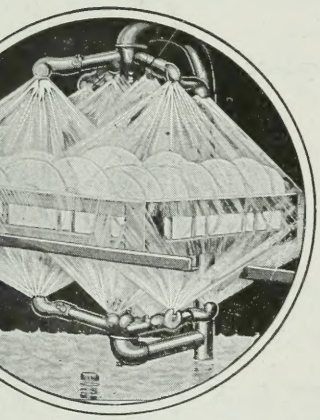

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